Agincare
Caring in your community

Medication Management Policy and Procedures

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Version Tracking

Version	Date Ratified	Brief Summary of Changes	Owner
1	22 March 2019	Amended to reflect updated ISO 9001 2015 controlled document register and for practice changes since previous issue	JP
2	10 May 2019	Amendment to 'Essential Practice for Care Homes' to reflect legal guidance for dispensing medicines to be taken outside of the care home	JP
16v1	27th March 2020	Annual review; typographical amendments and minor changes to practice	JP
17v1	26 Mar 2021	Reference to RPSGB outdated guide removed; amendments in all sections to reflect good practice, clarify policy detail, reference to CQC guidance on RN delegation of medication administration	JP
v2	25 Mar 2022	Added hyperlinks to NICE guidance (p4) Requirement for risk assessment added for transportation of cold chain medicines and CDs (p25) Clarity on invasive procedures referring CQC delegation guidance in full (p31) Reference to developing use of eMAR systems (p61) 12 references to 'fax' removed. Iss numbers no longer used across company; version control by valid dates	MBr

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1. Purpose of this Document

1.1 This policy outlines Agincare's statement on safe medicines management in its Home Care services (including Live in Care, Extra Care Housing, Supported Living, Day Services) and it's Care Homes with, or without Nursing Care. It also describes the Company's commitment to enable and safeguard the wellbeing of people who use services, employees and anyone else that could be affected.

1.2 The aim of the policy is:

- To provide a baseline set of standards for the administration and safe management of medication within the care setting.
- To give clear guidance to all staff involved in all aspects of medicine management to enable them to administer medication within the care setting safely and to outline care staff's responsibilities when administering medication.
- To ensure unified procedures are undertaken in all Agincare services with regard to medication and to outline care staff's responsibilities when administering medication.
- To provide guidelines on the use of compliance aids.
- To meet all legal requirements to ensure that procedures, policies and training in a supportive workplace environment are in place so as to reduce risk of medicine related errors and the associated risks to people using services and employees.
- To promote and maintain the rights, dignity and independence of people who use services.
- To provide information to and work jointly with other members of the Community Health and social care teams.

- To assist in compliance with Regulatory and contractual compliance obligations

2. Policy Statement

2.1 Medication is an increasing and significant aspect of care currently being requested and delivered by health and social care providers. Agincare has developed this Medication Management Policy with accompanying procedures, which reflects organisational circumstances and provides the tools to enable services to demonstrate compliance with contractual obligations and indemnity insurance cover.

2.2 Agincare is committed to meeting its legal obligations under:

- Medicines Act 1968
- The Misuse of Drugs Act 1971
- Health and Safety at Work etc. Act 1974
- Management of Health and Safety at Work Regulations 1999
- Safeguarding Vulnerable Groups Act 2006
- Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Regulation 12
- Mental Capacity Act 2005
- Medicines and Healthcare products Regulatory Agency (MHRA)*

*MHRA alerts are sent periodically to pharmacists and others who subscribe to their mail; such alerts concern recalled medicines where problems or concerns may have been noted regarding specific batches. All pharmacists on receipt of such an alert will recall the affected medicines from the people they have dispensed to whether those people live in their own home or in a care home. Agincare staff should be assured that local pharmacies will respond appropriately to MHRA alerts however, if there are any concerns they are advised to contact the pharmacy for advice; managers of regulated activities should subscribe to MHRA alerts.

2.3 In addition to legal requirements, Agincare works in accordance with best practice guidance:

2.3.1 National Institute for Health and Care Excellence (NICE) Quality Standards (QS85), Managing Medicines in Care Homes March 2015

2.3.2 National Institute for Health and Care Excellence (NICE) Guideline (NG67), Managing medicines for adults receiving social care in the community, March 2017 and

2.3.3 National Institute for Health and Care Excellence (NICE) Quality Standard QS171, Medicines management for people receiving social care in the community. July 2018

All of which refer to partnership working between health and social care staff, safe handling of medicines, good governance systems, person centred care and the rights of individuals to make choices about their care and treatment

2.4 Local Practice

Many local authorities have their own policies on administration of medication. Some areas have produced joint procedures with their local NHS organisation. Where these are more prescriptive than Agincare's Policy and Guidance, staff are advised to comply with the local policies when contracted with the authority since failure to do so is likely to be breach of contract. Local authorities have no statutory powers to demand compliance with their own policies in relation to care for private users of services.

If the local policy or practice is less stringent, services could be asked to undertake practices which might breach Agincare Policy and Guidance; in which instances staff should refer to their line manager and Agincare's Commercial Manager with support in managing the local contractual compliance as well as complying with this policy and Agincare's agreed ways of working.

2.5 People receiving support from an Agincare service have the same rights as any other. Respect for the person and their rights as an individual should be at the heart of the care and support we provide including the process of supporting with medication. It should be assumed that every person can self-medicate until assessment proves otherwise.

2.6 Medicines play an important part in helping people remain independent and people should always be helped to manage their own medication where this is possible and appropriate. Medication risk assessments and effectively planned care in ways which have been agreed will support people's independence

2.7 Care and support should be personalised, based on the person's needs and preferences. This policy must be applied with regard to people's individual beliefs, wishes, experience and ability. Employees should be aware of the person's cultural background and other factors that impact on their lives and incorporate this into a person-centred approach to care

2.8 As all medicines are potentially harmful it is important that staff who provide care and support are confident about their role in the management of medication. This policy intends to clarify the range of duties that can be undertaken in relation to medicines. It advises how these duties and tasks can be undertaken safely and in accordance with best practice

2.9 The Code of Conduct for Healthcare Support Workers and Adult Social Care Workers in England and the NMC Code of Conduct for Registered Nurses are an important concept of this policy. All employees have an important role to play in risk identification, assessment and management. To support staff in this, Agincare tries to encourage a culture of openness and willingness to admit mistakes. Staff therefore are actively encouraged to report any situation where things have, or could have gone wrong. Information, training and support will be provided for any employee that finds themselves in such a situation. Agincare sincerely wishes to learn from events and situations so that management processes can be continuously improved

2.10 The policy reflects the NICE good practice guidelines on 'Managing Medicines in Care Homes' (2015), Managing medicines for adults receiving social care in the community (2017), and the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: regulation 12(2) (f) and 12(2) (g) and the tools developed by Agincare in accordance with best practice guidance.

2.11 Care staff will deal with matters relating to social care only. They are not responsible for making decisions of a health-related nature. Medical advice must be sought from the

person's GP, or any other relevant health care professional. In Care Homes with Nursing, nursing staff are not designated as nurse prescribers, they too will seek advice from the person's GP or relevant health care professional

2.12 Care staff will not undertake invasive nursing procedures or other tasks that are defined as health related and not social care. There may be exceptional circumstances when a care worker has received training and is deemed competent, in line with guidance from this policy. This includes those tasks that family or carers might undertake having been shown and supervised by a district nurse. It should be made clear in the care plan which tasks employees may undertake.

2.13 In the event of an issue being identified relating to a medication practice that is not reflected in this policy, appropriate advice and guidance should be sought from the line manager, health professional, pharmacist or out of hours (111) service as appropriate.

3. Roles and Responsibilities

3.1 This policy applies to Agincare employees and people who use services. Where the term 'staff', 'care worker' or 'employee' is used within the policy this refers to any person of any grade working in any regulated care setting; where guidance is specifically identified as a nursing activity within a Care Home with Nursing; the term 'Nurse' or 'Registered Nurse' is used.

3.2 As a Provider **Agincare** will ensure the medicines policy is in line with current legislation and the best available evidence. Agincare will ensure systems and processes are in place to enable all those involved in medicines management to be trained and deemed competent in line with current national training standards, the requirements of the regulators and those of the people who use services and that all medicines records and information complies with data protection legislation.

3.3 **All Directors and Operations Managers** are responsible for ensuring this policy is complied with in registered locations and for contribution to policy review and updates of best practice guidance through Agincare's Policy Review Group as well as being responsible for ensuring sufficient resources are available to enable all staff to be appropriately trained commensurate with their role in medicines management.

3.4 **Registered Managers** are responsible for effective implementation of this policy within their registered location and that all staff engaged with people in receipt of support with medication management are aware of this policy and guidance. On recruitment, Registered managers will ensure all new employees are issued with a copy of this policy and sign the Confirmation of Receipt form as part of the recruitment process.

- Registered Managers will identify training needs and ensure staff are appropriately trained and will record all training which will be incorporated into staff performance review using the process of assessing competency. See section 11.1

- Registered Managers will ensure that employees who do not have the skills to administer medicines, despite completing the required training, are not allowed to administer medicines until they are deemed competent.

- Registered Managers will ensure that all medicines-related errors or near-misses are identified, reported, reviewed and investigated following guidance within this policy.

- Registered Managers will ensure that medicines prescribed for people are not used by others receiving the same service.

- Registered Managers will ensure that all medicines administration records are up to date and accurate

- Registered managers will audit, or arrange for audit of medication management practices to be undertaken in line with the Quality Management Policy and will act to correct any anomalies or misinformation found

3.5 **Care and support staff** are responsible for the implementation of person-centred care plans and following clear instruction regarding medication assistance and management.

- In Agincare Care Homes, Home Care agencies (including Live-In Care Service), Supported living and day services the Care staff (inclusive of nursing staff in Agincare's Nursing Homes must work in cooperation with the health care professionals responsible for prescribing and dispensing medicines.

- Care staff have a responsibility for the safe management of people's care with acknowledgement for any assessed risks Care staff are responsible for acting in accordance with the plan of care based on medication risk assessment

- Care staff are responsible for maintaining all medicines administration records accurately and reporting to their line manager when they are not

- Care staff are responsible for being open and transparent regarding any errors or mistakes made by themselves or others that they are aware of

4. Principles

4.1 Self-Administration

4.1.1 Staff involved with medication related tasks should not advise people using services about medication, but will make appropriate arrangements in order for the person to access a suitably qualified health professional

4.1.2 At the point of access to Agincare, a medication assessment, which forms part of the care planning process, must be carried out to assess the person's ability to manage their medication independently. This process must ensure that the person understands that medicines must be kept safely and any risks involved; where a person lacks the

capacity to understand their medicines and associated risks, a mental capacity assessment must be undertaken and care planned and delivered in their best interests

4.1.3 The assessor should determine who else may be involved. This should be done individually for each person and should involve the person and their family member or carer; other health and social care practitioners should be involved as appropriate.

4.1.4 At all subsequent reviews of the care plan the person undertaking the review must check whether adjustments need to be made to the medicine's management arrangements.

4.1.5 Self-administration of medicines is not an 'all or nothing' situation. For example, some people might keep and use their own inhalers but not their other medicines, or may be able to take oral medications but not apply prescribed creams in difficult to reach places; a person might be able to manage their medicines provided that care staff support them in opening containers, or reminding them of the right time to take their medicines for example.

4.1.6 Staff undertaking assessments should liaise with the community pharmacist to ensure that where possible and where appropriate, the medicines are dispensed in containers that the person can open/access to retain independence. Community pharmacist have a duty to meet the criteria of the Equalities Act 2010 which may involve the provision of other compliance aids e.g. easy open tops, reminder charts, large print labels, etc. depending on the identified disability/need (protected characteristic)

4.2 **Supporting with medicines administration**

4.2.1 Where appropriate, people will receive relevant information about their medication; pharmacists should send Patient Information Leaflets (PIL) with each medicine; where they do not; staff can support the person in obtaining the PIL

4.2.2 Where people are unable to self-medicate safely, an assessment will be undertaken to determine the most appropriate method of supporting them, this could be by active participation or offering full support with administering medication.

4.2.3 All care plans will identify whether, and to what degree, the person requires help to take their medicines.

4.2.4 All staff supervising the taking of medication will be responsible for ensuring that the medicines are administered strictly in accordance with the instructions of the prescriber.

4.2.5 Doses must not be varied or changed without written medical authority. Such changes must be recorded on the MAR sheet and the person's care records.

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

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

4.2.8 Medicines must never be 'secondary dispensed' i.e. taken out of their original container or package and put into another container for someone else to administer to the person at a later time unless risk assessed and planned

4.2.9 Medicines must only be given to the person for whom they have been prescribed, labelled and supplied. They must not under any circumstance be given to another person.

4.2.10 Staff must never alter labels, dosage or time of administration of prescribed medicines. If labels become detached or are illegible, the medicine in the container must not be given and the prompt advice of the supplying pharmacist should be sought

4.2.11 Where possible side-effects of medicines should be known and shared with all staff as appropriate. Where a member of staff notices unwanted side-effects then they can contact the pharmacist, prescriber or Out of hours health service (111)

4.2.12 Crushing of tablets or the opening of capsules unless specified is not permitted without, written authorisation from the GP, and pharmacist confirmation (Refer to guidance on covert and off licence administration – pages 41 and 44)

4.2.13 Medicines must not be forcibly given. This includes the crushing of tablets etc. into food or drinks in order to deceive. (Refer to covert medication guidance).

4.2.14 Medicines must never be used for social control or punishment.

4.2.15 Staff will not assist people to take medication, prescribed or non-prescribed, unless it is part of a comprehensive care plan.

4.2.16 In all care settings, employees must only assist with the administration of medicines when they have been trained and deemed competent to do the task. They must be instructed in the application of this policy and undertake training and observed competency assessment prior to engaging in the administration of medicines. On-going refresher training must also be provided.

5. Equality and Diversity

5.1 People may have certain needs and preferences relating to equality and diversity. These should be recognised at the assessment stage and arrangements made to accommodate them. Examples are:

- The medicine is provided in a gelatine capsule (animal bi-product) although they are vegetarian.
- They prefer to have medicines given to them by someone of the same gender.

- They observe religious festivals by fasting and prefer not to have medicine given at certain times.
- They do not wish to take their medicines in front of other people

Other protected characteristics such as those relating to disability should be considered in relation to the person's access to medicines and use of aids and appliances.

5.2 Should the initial assessment identify any of the above or other aspects of a person's diverse needs in relation to their prescription they should be supported to have their needs met and in obtaining an appointment with the prescriber if necessary to make the required changes or obtain advice.

Refer to Training and Development Policy for 'Competency assessment used for observational assessment of staff

6. Contractual impact

Agincare's policies and procedures are to be followed in conjunction with the requirements of the contracts under which you provide services. There may be occasions where the contract contains requirements which appear to contradict or be in addition to, standard Company policy. In these instances, you are to:

1. If the requirement is in addition to standard Company policy - adhere to the terms and conditions of your contracts
2. If the requirement is lesser than standard Company Policy - follow Company policies and procedures

If you require any further clarification please contact the Commercial Department for guidance.

7. Training

Agincare believe that, in order to provide a quality service, we require high quality staff who are suitably trained, supervised and supported. Agincare policies and procedures are referenced in the induction programme and are available for staff in their work place (Care Home or Branch/Regional office). Staff will be informed of how to access all policies, procedures and related documentation and of how to seek further advice regarding Agincare's agreed ways of working. Staff should be provided with regular updates to encourage continuous improvement and include latest good practice. Agincare is committed to provide an ongoing programme of support for all staff. This includes supervisions, appraisals and training which will be in line with company policy, contractual obligations and current best practice

REVIEW OF THIS POLICY

Review of this document is recorded on the controlled index and reviewed annually as part of the management review process.

Name: Policy Review Group

Issue no v1 **Date**: March 2022

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PROCEDURES

The following pages contain procedures for **Essential Practice** for

- All services
- Care Homes
- Home care settings (including Supported Living, day services and Extra Care Schemes)

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8. ESSENTIAL PRACTICE FOR ALL SERVICES

In all situations, the following rules must be applied.

The 7 Rights of administration

- **Right Person**
  - Check the person's name against the care plan, medication and MAR sheet.
  - In care homes, supported living and day services (LD and autism) a photograph of the person must present to confirm identity. This should be taken at the start of the service, dated and reviewed or updated as required
  - Staff must ensure that medicines prescribed for one person are not used by any other person.

- **Right Medicine**
  - Check person's name against the medication label, packaging and contents, all must match.
  - Check strength is correct (Strength is the amount of drug in each dose form)
  - Check there have not been any recent changes to the medication
  - Check the dosage instructions before giving medication
  - Check expiry dates, the medication has not exceeded its expiry date
  - Check for any additional labels and warnings

- **Right Route**
  - Check the way in which the medication is to be administered
  - Medications can only be administered by the oral or topical routes unless additional training has been undertaken
  - Nutritional feeds can be administered by other routes specified within the care plan by staff once they have received training from a health professional e.g. Nutritional feeds via a PEG or RIG tube.

- **Right Dose**
  - Check that the dose on both the MAR chart and medication label match
  - Check that the dose has not already been administered by checking the MAR chart- if there is a discrepancy the manager, or senior person should be consulted before the medicine is given
  - Check for changes to the dose
  - Record the actual amount given where a variable dose is administered
  - Check that you have the right measuring device for liquid doses
  - Doses should be equally spaced.

- **Right Time**

- Check that the dose time is clearly identified on the MAR sheet and / or the medication label. For example, '*Take one tablet in the morning'* clearly identifies when this medication is to be given. However, *'take one tablet daily'* leaves this open to interpretation, unless the dose column on the MAR sheet is marked as to identify the time.
- Check for any additional labels, warnings or specific instructions such as 'before food' or other time sensitive medicine instruction such as Parkinson's medications or Alendronic Acid for example
- Check the time periods since the last dose is in accordance with instruction

- **Right to Refuse**
  - The person has the right not to take the medication (see page 17 – The right to refuse medication)

- **Right Records**
  - Managers will ensure staff have available the right records to deliver safe medicine support including risk assessments, planned care, MAR charts and supporting records as required; care and support staff who find these not to be in place, or where a person's care needs have changed have a duty to report it to the manager/senior in order that a review/reassessment can take place

Do not give the medication if one or more of the above 'rights' is incorrect. Seek further guidance, initially from your line manager

Before giving medication:

- Check the dose has not already been administered by checking the MAR sheet or if in an MDS (monitored dosage system) that the medication is there.
- Inform the person that their medication is due
- Wash hands and any other utensils before use.
- Follow the 'seven rights'
- Only use disposable gloves when appropriate (if required to handle medicines or physically place medicine in an individual's mouth).
- Check for allergies.
- Check verbally that the person has not already taken or been given the medication.

When giving medicines:

- Only administer medication from pharmacy labelled bottles, containers and compliance aids.
- Don't give medicines from unlabelled or illegibly labelled bottles, blister packs or containers.
- Don't prepare medicines or drugs in advance of administration. Once prepared they must be used immediately or discarded.
- Don't leave medicines unattended for people to take at a later time unless this has been risk assessed and is acceptable and written in to the care plan.
- Don't handle medications directly when administering as far as is practicable.
- Don't give discoloured solutions, disfigured tablets, substances etc. These must be stored safely and returned to the pharmacist.

When administering liquids:

- Liquid measures are available from the pharmacist and are usually supplied with the liquid medication. These include:
  - Oral syringes
  - Calibrated medicine pots
  - Measuring spoons (do not use teaspoons)

- Where a liquid medication has been prescribed by strength (in milligrams for example), staff must read the label to establish how many milligrams there are in a measured dose for example:
  - A prescription or pharmacists label may read 10mg to be taken three times per day.
  - The label or PIL may state that 'each 10ml contains 5mg of (the medication); in which case 20ml would give the required dose of 10mg.
  - Where there is any doubt, the Staff must ask advice from the pharmacist. The required measured dose will be recorded on the MAR although in the event of a temporary prescription, the Staff may be required to record the correct liquid measurement on the MAR chart and ensure the calculation is correct
- Shake the bottle by gently turning it upside down several times.
- When pouring, hold the bottle with its label on top so that the liquid falls away from the label.
- Pour into a clean, dry measured dosage container appropriate for the volume of the drug to be given and appropriate to the requirements of the person. Measuring devices include a graduated medicine cup, medicine spoons or an oral syringe and bottle adapter.
- When using a graduated medicine cup, ensure that the cup is placed on a flat surface and the liquid is poured into the cup and observed at eye level.
- When using an oral syringe
  - Shake the bottle well, making sure the cap is firmly on the bottle.
  - Remove the cap and if the rubber bung has not already been inserted, push it fully into the neck of the bottle.
  - Take the syringe and pull the plunger back so that the top of the black ring is on the volume for the dose you need to give.
  - Push the tip of the syringe into the hole in the middle of the rubber bung.
  - Turn the whole bottle with the syringe upside down.
  - Slowly push the plunger into the syringe. This will push air into the bottle.
  - Then pull the plunger slowly back to the volume you need for the prescribed dose.
  - Turn the whole bottle with the syringe the right way up and take the syringe out of the bottle

  To give medicines using an oral syringe
  - Make sure the person is sitting up.
  - With the person's consent, put the syringe into the person's mouth, with the tip near the inside of their cheek (Buccal cavity).
  - Push the plunger in slowly, giving the person time to swallow the medicine as it squirts out. Do not push the plunger too quickly as the medicine may come out too quickly and cause the person to choke

- If the medication is refused, the liquid medicine must never be poured back into the original bottle. It should be signed off as refused and disposed of safely.

Leaving medication out to be taken later:

- In certain circumstances people who are assessed as requiring assistance only may need doses of medication to be left out by staff (in Home Care) in order to enable their independence and for them to take later. An example would be a person who takes a sleeping tablet before bed but the visit is too early. This can only be done for medication that should be taken at, or around, the time of the visit.
- It is **not acceptable** to leave medicines out to be taken at other times of day for example; morning medicines must not be prepared and left out by staff the night before for the person to then take in the morning.
- Medication should not be left out in open, unlabelled containers. In exceptional circumstances where medication may be required to be left out when staff are not present, a risk assessment needs to be carried out. This should assess and document any risks involved, both to the person themselves and to other people who may visit the person, e.g. family members or friends, and the person's capacity to remember to take the medication, and also document the actions to be taken to reduce the risk.
- Staff must record on the MAR chart what medication has been left out for the person to take themselves. They cannot record its actual administration because they will not have witnessed it. Instead they should use the code, 'L' and provide additional information to support the code used on the information page of the MAR chart

When the medication has been given:
Complete the records for each person as soon as the medication has been taken. The record must include the following information:

- Exactly what was given (name, strength and form of the medication).
- When it was given (time, date)
- Who administered the medication and/ or the correct code dependent on the MAR sheet used.

The right to refuse medication

- Where a person **with capacity** refuses any medication, this should be respected.
- When a person expresses a choice not to take a prescribed medication, the following actions should be taken:
  - An entry must be made on the MAR chart using the appropriate code, for example an 'R', to show which medication has been refused. A note should be made on the relevant section for notes on the MAR explaining why the person has refused their medication as there may be different reasons for different medicines (if the person will give a reason), unless there is already an agreed plan of what to do when that person refuses their medicines.
  - Refusal should be reported to Manager or senior; the prescriber should be informed of refused medication after 2 days of refusal.
  - If you suspect that medicines are not being taken on a regular basis where a person is responsible for their own medication, you should record this in the notes and inform the Registered Manager. If a person with mental capacity does this, they can be reminded that it is their right to refuse medication but inform them it would be advisable for them to discuss this with their GP.

- If the person agrees the care worker should tell the prescriber about any on-going refusal and inform the supplying pharmacy to prevent further supply. (See Capacity and Consent Guidelines)
- NB: Please note the difference between a person refusing a medicine and it not being required (See page 31 'PRN 'when required 'medication)

Omitted Medication

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

- An entry must be made on the MAR sheet.
- A record must be made on the daily care records.
- The manager must be informed. They will then make a judgement regarding whether to seek advice from the prescriber.
- If a second dose is to be intentionally omitted, the advice of the prescriber must be sought prior to this decision being carried out.

Death of a person using the service

In the event of a death, all medication (including prescribed, homely and topical preparations) must be retained for at least seven (7) days, or until otherwise told it can be returned for disposal. The medication may be required for evidence by the Coroner as part of their on-going investigation.

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9. ESSENTIAL PRACTICE FOR CARE HOMES

Registered manager

The Care Home manager (registered manager) has overall responsibility for:

- Ensuring compliance with Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: regulation 12(2) (f) and 12(2) (g)and the NICE guidelines on Managing Medicines in Care Homes.
- Ensuring systems and procedures around medicines management are implemented and followed.
- Determining the best system for supplying medicines to each resident in a personalised way based on the resident's health and care needs and with the aim of maintaining the resident's independence wherever possible.
- Ensuring this is done by monitoring and auditing the systems and procedures in place by:

    - Establishing and maintaining a process of ordering and booking in the prescribed medication supplied by the community pharmacy against those items ordered.
    - Undertaking weekly audit of controlled drugs against the register.
    - Carrying out weekly audits of the completed medication cycles on the MAR sheets.
    - Undertaking monthly audits of stock including homely remedy stocks.
    - Ensure all staff are competent and medication training is up to date
    - Carrying out medication competency assessments of all staff involved in the administration of medication; the frequency of the competency assessments will be based on the needs of the residents, the staff's level of competence and their learning needs; an annual assessment is required as a minimum.
    - Overseeing the reporting of medication errors and ensuring appropriate action is taken to prevent further errors occurring.
    - Ensuring that every resident has a medication assessment and an individualised medication care plan in place.
    - Making a referral to safeguarding if the safeguarding threshold is reached in any incident

Designated persons

- This is anyone deemed by the registered manager to be competent to carry out medicine's management duties.
- These employees will complete medication training (theoretical and practical competency assessment) prior to being given this responsibility. The responsibilities of the designated /responsible person on duty include:
    - assisting with the ordering of medicines

- assisting with the monthly process of booking and checking of prescribed medication received from the community pharmacy against ordered items.
- liaising with healthcare professionals where necessary
- the receipt and registration of medicines.
- the safe storage and custody of medicines
- monitoring supplies and appropriate levels of stock of medicines including homely remedies.
- undertaking the administration of medicines
- accurate record keeping
- complete and continually review assessments with residents to determine their medication needs and whether they are able to self- administer medicines.
- completion of incident report forms as required in accordance with the policy
- safely managing the disposal and return of medication

See Appendix B for medicines ordering protocol

Ordering Medicines

- Care home managers should ensure that at least two employees have the training and skills to order medicines, following the system required by the supplying community pharmacy. In exceptional circumstances ordering can be done by one employee.
- Care home manager/designated person should retain responsibility for ordering medicines from the GP practice and should not delegate this task to the supplying pharmacy.
- Previous usage of the medicines should be reviewed before ordering and checking stock.
- The care home should manage and maintain records of medicines requested for residents in order to check all items ordered are required, correctly received and that no inadvertent change to the medication ordered has been made on arrival of the prescription or medication.
- The care home must retain up to date records of current medication provided for each resident and ensure that stock levels for each person are kept at an appropriate level to avoid running out. Equally, medicines should not be stockpiled or over ordered.
- Protected time should be allowed for the ordering of medicines, in particular for the monthly order

Receipt of medicines

- Medication received from the pharmacy supplier must be checked against the record held by the care home of items ordered to make sure that all medicines ordered have been prescribed and supplied correctly.
- Protected time must be given to employees when booking in medications, particularly the monthly cycle.
- All other medicines (prescribed and non-prescribed) brought into the home, from whatever source i.e. those from the resident's home, discharge medicines from hospital, those brought from another care home or those brought in by friends/ relatives, must be checked and recorded at the point of admission.
- This information should be obtained from the label on the medicine, not from verbal instruction from resident/ carer.
- If in doubt, or where there is any contradiction in dose or directions, consult the prescriber.
- For respite and short stay residents, this procedure must be undertaken at each admission.

- Where medicines received for a resident differ unexpectedly from those received for the same resident in the past, the home should check with the GP or pharmacist before giving the medicine.

Storage

- A lockable drawer or similar facility must be provided for residents who self-medicate.
- Where medicines are administered these must be stored in a lockable medicine cupboard of solid construction.
- The keys to the medicine cupboard must not be left unattended but must remain in the possession of the designated person or person delegated with the responsibility of administering medicines.
- Where facilities exist, medicine cupboards must be housed in the room that has been provided for use as a medical room. The temperature of this room must not exceed 25 degrees centigrade. A daily record must be taken and if temperatures are found to be outside this range, the community pharmacist must be contacted for advice on continued use of the medicines stored; advice on cooling systems for these rooms can be obtained via Agincare's Facilities manager.
- Any specific storage needs indicated on the label e.g. storage in a cool place, must be followed.
- Any medicines that are required to be stored in a refrigerator should be held in a separate locked refrigerator used only for this purpose. The temperature of the fridge should be monitored daily, using a max/min thermometer and the temperature recorded (normal range is between 2 and 8 degrees centigrade). If temperatures are found to be outside this range, the community pharmacist must be contacted for advice. The refrigerator should be cleaned and defrosted regularly
- For controlled drugs storage, see separate guideline.
- When medicines are to be transported around the home it must be done in a secure manner, using a lockable medicines trolley. Employees must never leave the trolley unattended without ensuring that it is securely locked.

Administering Medicines

- A 'do not disturb' tabard (designated for use during the medication administration round) must be worn by the member of staff administering medication including registered nurses in Nursing Homes. The purpose of this is to alert others to the fact that medications are being administered and to prevent/reduce interruptions occurring during the administration round.
- Where residents have been assessed as self-medicating, the member of staff will need to indicate this on the MAR sheet. Regular reviews should be undertaken.

Time of Administration

- The time of administration should be carefully considered and respond to resident need and wishes. A personalised approach should be taken rather than focusing on rounds based on meal times. Thought should be given to situations such as when medicines are required in advance of food and where medicines have specific dosage times. For example, the administration of products such as eye drops or inhalers are not appropriate to be administered at the dining table.

Record of Administration

- A Medication Administration Record (MAR) will be used for each individual.
- If a gap is discovered on the MAR sheet where a signature for administration should be or any other error a 'Medication Alert' form must be completed and passed to the Registered Manager. This may then trigger an incident report form to be completed within 24 hours regarding the person who was identified as making the error and the resident concerned.

Further Advice

- You must never ask the residents to confirm either their own name or that of another resident. Only other staff and the MAR sheet photo ID can confirm this.
- Care staff must never pass the medication on to another member of the care team to give.
- Medication must never be prepared in advance of administration. You must always check that the person is awake and ready to accept their medication. if a person is sleeping and it is not appropriate to wake them, return at a later time when they are awake.
- All staff should have access to up to date information about medicines provided on the Patient Information leaflet (PIL) supplied with each medicine as well as ensuring access to medicines information such as MIMS online https://www.mims.co.uk/

Error in Administration

- In the event of a mistake being made **staff must:**
  - Inform the manager who/most senior will consult the prescriber or pharmacist for advice or will advise the care worker to consult the prescriber or pharmacist. If out of hours, contact out of hours health support (111)
  - The manager/delegate will also complete an incident report form.
  - Follow advice and instructions given.
  - Inform the person and their family/carer (where appropriate) what has happened
  - Record the incident on the MAR sheet detailing the error

- In the event of a mistake being made **Managers will:**
  - Record the details of the incident and complete the incident report form.
  - Consider if the error amounts to a safeguarding concern i.e. if there was harm or the potential for harm; NB: some local authorities consider any medication error as a safeguarding matter, follow your local authority safeguarding protocols.
  - If the person making the error has previous similar conduct consider what performance management needs to be instigated.
  - Fully investigate the incident and establish any causes for the mistake unless advised by the local authority safeguarding team that an external enquiry will be made; in which case, cooperate with the enquiry and follow advice.
  - Consider whether any action needs to be taken with regard the employee or employees involved.

See Guidance 12.15; Dealing with medication incidents

Administration of medicines away from the care home

- When going on holiday, specific arrangements should be made for the period of the holiday and the medicines are to be given to the resident or the person who will be caring for them during the holiday.

- Where a resident is undertaking a planned activity (e.g. day trip) and needs to take medication with them, this should be provided in the original labelled container with clear instruction for the person or their designated/responsible carer/care worker.
- Where the designated/responsible person is accompanying the resident on the activity, they should take responsibility for giving them the medication.
- Where they are not to accompany the resident, they must ensure that the employee or any other adult who will be responsible for giving the medication has clear verbal and written instruction on what to do and signs for receipt and return of the medicine.
- Where the resident is going on an activity organised by another organisation, the manager must satisfy themselves that that organisation has procedures in place that will ensure the resident safely receives the correct medication

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10. ESSENTIAL PRACTICE FOR HOME CARE SETTINGS (INCLUDING SUPPORTED LIVING, DAY SERVICES AND EXTRA CARE SCHEMES)

Principles

- We will maintain individual's independence at home
- We will always encourage people to manage their own medicines where this is appropriate and possible.
- Where there is no carer or other responsible adult willing and able to assist people to take their medicines at home, or where the person requests that informal carers are not to be involved in administration of their medication, care and support staff will undertake this task as part of an agreed care plan.
- We will ensure that any assistance provided is by competent employees.
- Care Staff are not expected to undertake tasks that nurses, GPs or pharmacists should do.
- Staff will continue to assist with medication, in line with the medicines management policy if the need for assistance coincides with a visit for support and social care purposes. For example; where a person is prescribed medication to be taken 3 times a day but visits are required for once a day only we may be able to support the person to make other arrangements for assistance with their medication but generally this will be referred back to the commissioner if we believe the person is unable to manage their medication independently outside of care visit times.
- In Day Services, medicines will be safely received, documented and returned
- In Supported Living environments the Essential Practices for Care homes apply in the main although medicine trolleys and medicines 'rounds' are not in place. Each tenant in a supported living facility has their own lockable storage and medication is given at prescribed times by their support workers.

The Process

- A referral is received or a review is required.
- The assessor will visit the person and carry out the initial assessment or review. If this assessment identifies that a person is taking medication then the assessor will complete the medication assessment section of the health and welfare assessment and identify how the person's needs can be met; a medication risk assessment will also be carried out.
- Assessment Outcomes:
    - The person is able to self- medicate without any home care input - No further action required on medication.
    - A family member or informal carer or personal assistant supports them without any home care support - No further action required on medication.
    - The person is able to self-medicate with support from assistive technology. The care plan must detail the type of technology and who is responsible for maintaining

it, programming it, filling it etc. this information is required so that Agincare can report back to the provider of the technology should there be any concerns or faults. Care staff are not to become involved in using or assisting with the device unless part of planned care.

- Medication times do not coincide with commissioned or requested care calls; the assessor must refer this back to the commissioner so support can be arranged at appropriate times or provided by another person. NB: The commissioner of care could be the person's family where care is privately commissioned.
- Medication times do coincide with commissioned or requested care calls so assistance from Agincare care staff can be provided to support the person to take their medication at the right time. The assessor will ensure the results of the assessment are written in to the plan of care with clear instruction for care staff
- The levels of support provided can include verbal reminders, preparation and or physical assistance with administration or application of the medication.
- The person lacks capacity to understand the support they need with their medication but is adamant they do not need care staff support; the assessor will carry out a mental capacity assessment and record a decision in the person's best interests regarding medication management taking into account the views of others involved in the person's care.

What Home Care Staff CAN do

- Collecting prescriptions from a GP surgery and medicines from the pharmacy only when there is no alternative means of collection. When transportation of medicines is required by Agincare Home Care workers cold chains medicines and collection of any controlled drug must be risk assessed.
- Verbally reminding people to take medicine
- Preparing medications for the person to administer e.g.
  - Shaking and measuring liquid medicines, mixing, preparing soluble medicines
  - Taking medicines out of pharmacy-labelled bottles, original packaged containers or monitored dosage systems.
  - Compliance aids are not advised for staff medicines management, they are aimed at supporting a person's independence. Original containers are better for reminding and administering as each individual tablet can be identified.
  - Assist/apply medications e.g.
    - Placing medications in the person's mouth, applying medications onto the body, pressing inhaler devices or supporting the use of the spacer

What Home Care Staff CAN'T do

- Any invasive procedure until trained and competent
- Any procedure that requires care staff to make medical judgements

See Appendix A What care staff can do when trained and deemed competent and what they cannot do

Record of administration

- Following administration of the medication, visiting staff must complete the Medication Administration Record (MAR) or use the appropriate code.
- They will make additional entries to the MAR where a medicine has been prescribed part way through the month of the MAR in place; these entries will be legible and will detail correctly the name of the new medicine, the dose, when it is required and any special instruction; the entry must be signed

For further information on what care staff can and can't do, see Appendix A

Error in Administration

- In the event of a mistake being made **staff must:**
  - Inform the manager who will consult the prescriber or pharmacist for advice or will advise the care worker to consult the prescriber or pharmacist. If out of hours, contact out of hours health support (111)
  - The manager will also complete an incident report form.
  - Follow advice and instructions given.
  - Inform the person and their family/carer (where appropriate) what has happened
  - Record the incident on the MAR sheet detailing the error

- In the event of a mistake being made **Managers will:**
  - Record the details of the incident and complete the incident report form.
  - Consider if the error amounts to a safeguarding concern i.e. if there was harm or the potential for harm; NB: some local authorities consider any medication error as a safeguarding matter, follow your local authority safeguarding protocols.
  - If the person making the error has previous similar conduct consider what performance management needs to be instigated.
  - Fully investigate the incident and establish any causes for the mistake unless advised by the local authority safeguarding team that an external enquiry will be made; in which case, cooperate with the enquiry and follow advice.
  - Consider whether any action needs to be taken with regard the employee or employees involved.

See Guidance 12.15; Dealing with medication incidents

Storage

- As part of the assessment process, the controls for the safety and storage of the medication will be identified.
- The person remains responsible for the medication and should be advised to store their medication in accordance with the instructions provided with the medication i.e. out of direct sunlight, in a refrigerator, below 25 degrees, away from children and pets etc.
- However, where it has been deemed that the person is unable to take safe control or lacks capacity to manage their medication, home care staff are responsible for the administration of medicines as well as ensuring and maintaining safe storage. They should be stored safely and appropriately in accordance with the instructions provided. Other relatives, carers and health professionals should be informed where it is stored and the reasons for the security measures.

- It is advised that medication that requires storing in the refrigerator is held in a separate re-sealable container to avoid cross contamination with foodstuffs although this decision is to be made by individual as it is their home

Return of Medication

- All medication prescribed for people is their property and must never be removed by care workers from the person's home without first obtaining consent. Employees must never dispose of medication unless specifically requested to do so.
- Medication that is out of date or no longer used must be returned to the pharmacy, having consulted with the manager and the person receiving the service. This should be documented by the care worker in the person's file listing the medication disposed of. See appendix C for consent to dispose of unwanted medicines; if a person is unable to consent, a best interest decision should be recorded

All staff should have access to up to date information about medicines provided on the Patient Information leaflet (PIL) supplied with each medicine as well as ensuring access to approved medicines information such as MIMS online https://www.mims.co.uk/; MHRA.gov.uk (products) or UK drug database.

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11. GUIDANCE

The following guidance pages can be printed individually for training purposes and for staff reference and support

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11.1 Training – Levels of support with medicines

Outcome: Support with medication is available when the person requires it and staff are trained and competent

Quality standard:
The person, their families, carers and advocates can expect:

- To receive medication in accordance with the prescriber's directions by staff who are trained and competent.

Managers will ensure that:
- Staff are trained to administer medication where their role requires this
- Staff are assessed as competent to put that training into practice before being allowed to work unsupervised
- Staff receive refresher training followed by competency assessments annually

General Support
- General support is given when the person takes responsibility for their own medication. In these circumstances the care staff will always be working under the direction of the person receiving the care. The support given may include some or all of the following:
  - requesting repeat prescriptions from the GP
  - collecting medicines from the community pharmacy
  - disposing of unwanted medicines safely by return to a community pharmacy (when requested by the person). NB Care Homes with Nursing must make their own arrangements to dispose of waste medicines)
  - an occasional reminder or prompt from the care staff to an adult to take their medicines. (A persistent need for reminders may indicate that the person who uses services does not have the ability to take responsibility for their own medicines and should prompt a review of the person's plan)
  - manipulation of a container, for example, opening a bottle of liquid medication or popping tablets out of a blister pack at the request of the person and when the care staff has not been required to select the medication or dose.
- General support must be recorded on the MAR chart. Legally, a MAR chart is not required where general support is provided although it is Agincare's Policy for a MAR chart to be used for all medications that are assisted; it is also good practice to write in the care delivery records the support that has been provided
- Adults can retain their independence by using multi-compartment compliance aids and these should be considered if packs and bottles are difficult to open or they have difficulty remembering whether they have taken medicines. Multi-compartment compliance aids are not for the benefit of the care staff.

- In all instances of support with medications the care staff must only use medicines that are in their original container or a pharmacy filled compliance aid that is named, dated and labelled with the instruction. Staff must not fill multi-compartment compliance aids themselves or administer from a family filled aid. The person using the service may qualify for a service from a community pharmacist if they have been assessed by that community pharmacist as meeting the criteria under the Equalities Act 2010. Support under the Equalities Act may involve the provision of other compliance aids e.g. easy open tops, reminder charts, large print labels, etc.

Administering Medication

- This section refers to the use of all prescribed medicines where the assessment identifies that a person is unable to take responsibility themselves. This may be due to impaired cognitive awareness e.g. dementia or learning disability but can also result from a physical disability, illness or general frailty.
- Administration of medication may include some or all of the following:
  - When staff selects and prepares medicines for immediate administration, including selection from a monitored dosage system or multi-compartment compliance aid.
  - When staff selects and measures a dose of liquid medication to be taken.
  - When staff applies a medicated cream/ointment, inserts drops to ear, nose or eye; and administers inhaled medication (including inhalers and nebulisers)
  - When staff applies a transdermal patch
  - When staff puts out medication for the person to take themselves at a later (prescribed) time to enable their independence. (A Risk Assessment must have been completed).
  - Where staff selects the medication and places the medication into the person's mouth as they are physically unable to do this. This must only be carried out if detailed in the care plan.
  - Where medication is to be administered in a different (off licence) form such as crushing tablets or opening capsules for administration through a PEG/RIG tube for example or for a person with swallowing difficulties (with the person's consent)
  - Where medication is administered covertly by crushing tablets/breaking capsules and putting the medicine in another substance (food or drink). This must only be carried out if agreed by a multidisciplinary team following a mental capacity assessment and with record of the best interest decision and detailed in the care plan.

Administering Invasive Medication

- In exceptional circumstances and following appropriate training, a care worker may be asked to administer invasive medication including:
  - Rectal administration, e.g. suppositories, diazepam (for epileptic seizure).
  - Use of an epipen
  - Insulin by injection including testing of blood sugars and use of an insulin pen.
  - Administration through a Percutaneous Endoscopic Gastrostomy (PEG).
  - Buccal administration e.g. midazolam
  - Oxygen

Please note that this list is not exhaustive.
A care worker supporting people with their medicines must be appropriately trained and competent to carry out invasive medication tasks.

- Some medicines cannot be routinely administered by a care worker. For example, injections (such as insulin) or medicines administered via a feeding tube are clinical or nursing tasks. A registered nurse (RN) can delegate the administration of these medicines to a care worker.
- The RN must be confident that the care worker is competent to take on this task. Delegation must always be in the best interest of the person. Providers should also consider how to obtain consent.

1 Principles and responsibility

- The Nursing and Midwifery Council (NMC) code says registrants must be accountable for their decisions to delegate tasks and duties to other people. It says they must:
- only delegate tasks and duties that are within the other person's competence
- make sure that everyone they delegate tasks to is adequately supervised and supported
- confirm that the outcome of any task they have delegated to someone else meets the required standard
- Staff will need extra and more specific training and competency checks before undertaking these tasks. Read more about regular training and competency expectations.
- The RN delegating the task must have full confidence that the care worker is competent to carry out the delegated task.
- The care worker must:
- understand their limitations
- know when and how to seek help and escalate concerns
- make sure they are comfortable in carrying out the task safely and correctly
- This should also include out of hours arrangements.
- The care worker should know what to do if the person refuses their medicines. The care worker's responsibilities should be covered:
- as part of their specific training to the delegated task
- in the provider's policy
- When a care worker accepts the delegated task, they are responsible for administering the medicines:
- in line with the prescribed instructions and
- as part of a specific and detailed care plan
- Periodically the RN should make sure the care worker remains competent to carry out the delegated task.
- The RN must make sure that everyone they delegate tasks to is adequately supervised and supported so they can provide safe and compassionate care
- Both the RN and care worker should understand accountability, liability and responsibility. They should make a record of their understanding.
- The Royal College of Nursing has published some guidance on the principles of delegation.
- In most instances this additional training is person and staff specific. i.e. if you have been trained to support one person you cannot assume that you can transfer those skills to support another person without checking with the health care professional who is delegating the task. This must be recorded in the care plan. The Agincare service and the healthcare professional must make certain that adequate arrangements are in place to ensure continuity of care.
- The decision for any invasive procedure must be discussed with the person receiving the service, the care worker(s) and their line manager before this is undertaken. Consent must be obtained from the person and recorded in the care plan.

- Records must show that each individual care worker has been trained and is competent for the administration of a particular medicine in a particular dose via a particular route to a particular person unless it is specified that training can be used for more than one person. In some instances, this training will be provided by a healthcare professional (district or PEG nurse for example) responsible for their patient's care; in some instances, the training can be cascaded from a competent member of Agincare staff (A care worker who has previously received training from a health professional and has been competently practicing) with the agreement of the person's healthcare professional.
- The care worker must have agreed to undertake the task and the person must agree to allow the care worker to perform the task.
- Care records must have detailed guidelines as to when the medication should or shouldn't be given and who to contact if they are concerned. If the administration route is changed the nurse must re-train or perform the task themselves. Care staff must also be aware of any other relevant policies in place (e.g. infection control, needle stick injury, epilepsy guidelines etc).

The CQC clearly defines the roles and responsibilities of the nurse in the Delegating Medicines Administration

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11.2 When Required Medication – PRN

Definition of PRN – Is shorthand for an expression, rendered in Latin –'Pro Re Nata', which translates as 'as need arises' and is used to communicate that administration is intended to be 'as required' only. PRN medication is that which is not required by the person on a regular basis. It is usually prescribed to treat short term or intermittent medical conditions, sometimes with varying dosages e.g. 1 or 2 tablets every 4 to 6 hours.

Outcome: That medication is available when the person requires and staff are trained to administer it in an appropriate manner.

Quality standard:
The person, their families, carers and advocates can expect:

- To receive PRN medication in accordance with the prescriber's directions
- To receive PRN medication when it is needed
- That medicines will be used to cure/prevent disease, or to relieve symptoms but never to punish or control behaviour

Staff can expect:

- To receive training in the administration of PRN medication.
- Only to administer PRN medication supported by clear prescriber directions and written onto the PRN protocol and care plan (See appendix D)

Procedures:

Managers will ensure:

- Written instructions are in place for a specific named individual. Examples of written instructions include: written confirmation from the prescriber of the reasons for the prescription of PRN and explicit directions on a pharmacy label.

- The need to administer PRN Medication will be reflected in the care plan.

- For PRN medication written instructions from prescriber will detail:
    a) Name of person and prescriber details
    b) Describe the medication and route of administration
    c) The condition or indication for which the medication needs to be administered*
    d) Dose to be given. Where the prescriber has advised that i to ii (1 to 2) tablets can be taken request further details of the circumstances when one, or 2 should be given
    e) Maximum dosage per 24 hour period
    f) Recommended period of continuous use before review

g) Minimum time intervals between doses

*NB: re c) above. Where an existing service user presents to their GP with symptoms and is prescribed a PRN medication to alleviate those symptoms the reason is known. For a new service user who presents at first assessment with a prescription/supply of medicines to be taken as required the reason for the initial prescription may not be as readily available. Where the service user has capacity to inform the Agincare service/care staff that for example, the pain relief was prescribed PRN for rheumatic pain; this can be recorded as the reason. Where the service user lacks capacity to recall the reason for the original prescription, information from the prescriber should be sought and a medication review requested.

- There is a personalised PRN protocol for **all** 'when required' medications. This should be kept with the person's Medication Administration Record (MAR) charts
-
- The use of PRN medication is monitored and take appropriate action such as seeking medical advice if continual administration is taking place longer than the recommended time period, or where the PRN does not have the desired effect a medication review will be requested.

- Contact the GP for advice or review if the person:
    a. Appears to be experiencing side effects
    b. Appears not to benefit from the medication
    c. Requests it more frequently than usual
    d. Requests the PRN medication more frequently than prescribed
    e. Medical condition has deteriorated
    f. Rarely request or regularly declines the PRN medication

  PRN medication prescribed for agitation or restlessness requires assessment by the multi-disciplinary team and must be **reviewed three monthly** and ABC charts and daily care records will evidence the need for its use

- Training should be updated as appropriate. Managers must keep a record of staff trained in their current workforce. Staff undergo competency checks to confirm they can work unsupervised with recorded medication procedures. Staff are not asked to administer PRN medication or any other medication if they have not received the appropriate training.

- The administration of PRN medication should be clearly recorded on the MAR sheet with the actual dose administered.

- Medication prescribed for PRN use must be readily available and stored appropriately.

- If PRN medication is left over at the end of the monthly cycle and it is still in date then this should be 'Carried forward' from one month to the next, this will avoid unnecessary medicines waste

- Use-by dates on PRN medications must be checked as part of the medication audit.

All those who administer medication

- Ensure that they have received appropriate training.

- Only administer PRN medication if there are specific written instructions in place, ensuring these directions are followed for each individual person.

- Do not limit PRN medication to 'medicines rounds'; the medicine can be required at any time of the day or night.

- When administering medication, a record of the medication administered must be made on the MAR sheet including number of doses given if variable and time the medication was administered

- Seek medical attention or advice as appropriate. If the person shows distress or unusual side effects/symptoms, contact GP, Pharmacist, or out of hours (111) advice.

- In all establishments, for 'when required' controlled drugs are used, a second signature will be required – refer to controlled drugs guidelines.

In Home Care, for when required medicines that are offered but not needed, the MAR sheet may be marked with the letters 'NR' (not required) and the care delivery records completed to indicate they were offered.

- In Home Care PRN medication may be left out to take at a time suitable for the person dependant on appropriate assessment of risk; the MAR chart and care delivery records should record this. An agreement must be reached with the person requiring the medication and their family carers, as applicable, regarding the administration of 'as required' medication. Family members have no obligation to sign Agincare paperwork (MAR chart) but may give medication if the person requests it; care workers must not administer PRN medication if there is any doubt as to the dose the person has already taken.

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11.3 Controlled Drugs

Definition of Controlled Drug: Controlled drugs are those drugs identified in the Misuse of Drugs Regulations 2001, The regulations specify requirements for safe use, storage and record keeping. In order to meet legal requirements that govern controlled drugs, each residential establishment must be equipped with facilities for the safe storage of such drugs.

Outcome: Controls which apply to drugs in this class are strictly followed.

Quality Standard:
The person, their families and carers can expect:

- To safely receive their controlled drug in accordance with the prescriber's directions.

Staff can expect:

- To be made aware by the packaging and labelling that they are dealing with a controlled drug.
- To receive training in management of medicines including controlled drugs and understanding the record keeping requirements
- A controlled drug register to be present in every Care Home.

General Principles:

Storage in Care Homes and day services:

- The structural requirements in relation to cabinets and rooms in Care Homes and day services for the safe storage of controlled drugs must be met by Regulation 3(3) Schedule 2 of The Misuse of Drugs (Safe Custody) Regulations 1973.
- A cabinet meeting these requirements can be secured within a wall mounted locked cupboard or placed upon a wall of solid construction within a locked room.
- In no circumstance must the controlled drugs cabinet remain free standing.
- The controlled drugs cabinet key must be kept in the possession of the designated person or their deputy and must never be left in a drawer or suspended from a hook. The controlled drugs cabinet must never be removed from the premises
- Those who self-medicate may retain independence with controlled drugs but they should follow the same storage requirements as for other medicines in the resident's room (i.e. kept in a locked drawer or locked cupboard).

Storage in Home Care (including Supported Living and Extra Care Schemes)

- The laws applying to the storage of controlled drugs do not apply when stored in a person's own home however, the following precautions must be observed:
  - A medication risk assessment must be carried out

  - Where a risk is identified there must be proportionate controls in place. Risks might include:
    - accidental misuse of the drug where a person lacks capacity to understand what their medication is for or it's safe use (this applies to all medicines)
    - intentional misuse where the person or another person in the household is considered a risk to the safe and legal custody of the controlled medicines
    - all medicines must be kept out of reach of children
  - Safe storage can be discussed with the person or their representative and an agreement reached; safe places can include on a high shelf out of reach of children or the person who lacks capacity, in a locked box or drawer with the key held in a pre-arranged place of safety in the person's home
- Any intentional misuse of controlled drugs must be reported to:
  - The Local authority Safeguarding Team as a Safeguarding Adults Alert
  - The Care Quality Commission.
  - The Local NHS Controlled Drugs Accountable Officer (NB: Some NHS's Controlled Drugs Accountable Officers will have different titles).
- Where a criminal offence has occurred a delay in reporting could lead to the loss of evidence or allow a suspect to escape, dial 999.

Receipt of Controlled Drugs

In Care Homes

- The Controlled Drugs must be booked into the CD register (which must be a bound book with numbered pages) and locked away into the CD Cupboard by two people as soon as the drugs arrive at the home, recording the following information:
  a) Date on which the drug arrived in the establishment
  b) Name of person requiring the drug
  c) The quantity received
  d) Form in which the medication has been received
  e) A separate page must be used for each resident and each strength if the same drug is used
  f) The type of drug must be specified at the top of each page
  g) The index of the register must be completed
  h) Two signatures of those booking in the drugs must be recorded

In Home Care (including Supported Living, Day services and Extra Care Schemes)

- Controlled drugs will be received in the same manner as other prescription items for the person
- If a care worker is present to receive the medication into the person's home or collects the medication from the pharmacy; the drug must be entered onto the MAR chart immediately including the name of the drug with the strength and dose and the quantity received and must be signed by the care worker.

Administering and recording:

- All procedures for general administration apply.
- In **Care Homes** administration shall be by the designated person and witnessed by a second person (an employee). Both persons will sign the medication administration record (MAR) sheet as well as the controlled drug register.

- The entry in the Controlled Drug Register must detail the dose of the drug given, the date and time and the balance of the drug remaining.
- In **Home Care** all procedures for general administration apply.
- Administration shall be by the staff member visiting the person at the agreed time of the required administration; the staff member must sign the MAR chart and must write under their initials the remaining balance of the medicines.
- In Home Care settings no witness is required however it is good practice if the visit requires 2 care staff (a double up) for the second staff member to also sign the MAR.
- Where just one care worker attends, they shall sign the MAR as above and record the balance of the drug remaining; the next care worker to visit shall initial the MAR underneath the first entry to confirm it is accurate (taking account of the remaining balance) and although there is no requirement for this in a home care setting it supports good practice and audit processes

Returning controlled drugs to the pharmacy:

- In a home providing nursing care, controlled drugs must be destroyed by two registered nurses using a suitable CD denaturing kit; these are provided by the medicines waste contractor
- Records of destruction must be kept in the CD register and of the date the CDs were destroyed, the amount destroyed and the remaining balance with signatures of the nurse and witness.
- In all other homes (non-nursing) the CD must be returned to the pharmacy for destruction.
- This return should be recorded in both the CD register and the 'returns' book showing:

    1. Amount of drug removed for return to the pharmacist
    2. Date of return
    3. Removal for return by and witnessed by
    4. The remaining balance with the signatures of the two people responsible (in CD register).
    5. The signature and name of the person from the pharmacy to whom the CD was handed (in the returns book).
    6. No cancellation, obliteration or alteration must be made; correction must be dated and a note in the margin or footnote
    7. Entries must be in ink

Notes:

- All controlled drugs will be marked with 'CD' on the original manufacturer's packaging, but not on the pharmacy labelling. If in doubt, seek advice from your pharmacist
- Some controlled drugs do not legally have to be entered into the controlled drugs register (e.g. Temazepam tablets). However, these drugs must be stored in the same way as other controlled drugs that are entered into the register. As good safeguarding practice, Agincare require all Temazepam administrations to be double signed and recorded in the controlled drug register.
- Some drugs are exempt from the storage regulations (e.g. Midazolam). However, it is good practice to store it in a CD cupboard unless it is being used as rescue medication.

Schedule 1 Controlled Drugs (CD Lic)

The drugs listed in Schedule 1 have no recognized medicinal use.
Examples of drugs listed in Schedule 1 include raw cannabis and cannabis resin, coca leaf, lysergamide, lysergide (LSD) and mescaline. Only certain persons have been licensed by the Home Office to possess them for research and other special purposes in the public interest and they are not available in general practice.

Schedule 2 Controlled Drugs (CD)

Examples of Schedule 2 controlled drugs include:

Diamorphine hydrochloride (Heroin)	Amfetamine
Morphine	Cocaine
Pethidine	Methylphenidate
Methadone	Secobarbital
Oxycodone	Ketamine
Cannabis based products	

Schedule 2 Controlled Drugs are subject, under the Misuse of Drugs [Safe Custody] Regulations 1973, to safe custody requirements

Schedule 3 Controlled Drugs (CD No Reg)

Examples of Schedule 3 Controlled Drugs include:

barbiturates (except secobarbital – now schedule 2)	Meprobamate
Buprenorphine	Pentazocine
Tramadol	Phentermine
Flunitrazepam	Temazepam
Mazindol	Midazolam
Pregabilin	Gabapentin

Schedule 3 Controlled Drugs are exempt from safe custody requirements and can be stored on the open dispensary shelf (temazepam, buprenorphine, flunitrazepam and diethylproprion are exceptions to this rule and must be stored in a complying receptacle)

Although Schedule 3 drugs do not need to be locked in CD cupboard, medication stock levels should be counted at each time of administration and Agincare advice/best practice is to store them in CD cabinets in care homes.

Schedule 4 Controlled Drugs (CD Benz; CD Anab)

This schedule is split into two parts, Part 1 (CD Benzodiazepines) and Part 2 (CD Anabolic Steroids). Schedule 4 Controlled Drugs are subject to lesser control. Controlled drugs prescription requirements do not apply and there is no requirement for storage in a locked receptacle. Invoices must be retained for two years.

Schedule 5 Controlled Drugs (CD Inv)

Schedule 5 Controlled Drugs are subject to minimal control and include drugs such as codeine

Any staff becoming aware that any drugs from the schedule of controlled drugs or those categorized as legal highs are being used by a person using the service for recreational or non-prescribed purposes should alert this to their manager for discussion with wider care professionals such as their GP, safeguarding, social worker etc and whether this impacts on the continuation of care provision. Agincare must also consider the safety of staff in their working environments

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11.4 Problems with Medication

Outcome: The medication is given safely and correctly

Quality Standard

The person, their families, carers and advocates can expect:

- To receive the correct dose of medication at the correct time

Staff can expect:

- To receive training on sources of advice and drug administration procedures
- Only to administer medication that is properly labelled and packaged by the pharmacy

Procedures

What sort of difficulties can staff encounter?

a) Medication arriving in unlabelled or incorrectly labelled containers - If the medication is incorrectly labelled or labelled with insufficient information, contact the person's GP or pharmacist to seek clarification and get the correction in writing.

b) Medication labelled PRN (as required) where it is not clear what may trigger the requirement for the medication to be given - If PRN medication does not have clear instruction, contact the prescribing health professional to seek clarification; request clear information regarding a variable dose if the prescriber is reluctant to change the prescription from i or ii tablets to ii for example. Ask the prescriber to provide information as to why the PRN medicine was prescribed and in what circumstances it is to be given

c) Dosage instructions are not sufficiently explicit. - Where dosage instructions are not explicit, on cream and lotions for example where the label reads 'apply as directed'; the pil (patient information leaflet) will describe how to use the application; if the staff member does not know why it has been prescribed, where it is to be applied or how frequently it is to be used, contact the prescribing health professional to seek clarification on the dose, frequency, purpose.

d) Medication 'missed' or MAR sheets not signed to indicate it has been administered - If a person's medication is missed for any reason or you find a MAR sheet not signed, don't guess- seek advice from your line manager. Where medication is not given/not signed for, the Manager must investigate the reasons and take the appropriate action with regard to managing the staff member responsible for the omission

e) Medication given to the wrong person - If the medication is given to the wrong person, it is very important that you seek advice immediately from a GP or Out of hours (111). If you are unable to get the response that the situation warrants, you should contact the hospital A&E department. Follow the medical advice given and as soon as is

practicable inform a line manager. Complete an incident report form. See also Guidance 12.15 'Medication Incidents'

f) Person that refuses to take the medication or does not take all the product- spat out/spilt - People have the right not to take the medication (see – The right to refuse medication; Procedures; 8 Essential practice for all services). Where medication is spilt or dropped; staff should seek advice from their manager with regard to giving another dose; this will have an impact on the audit of medicines as there will be less than expected so an entry must be made on the MAR chart that 2 doses were used at this time and the reason. Arrangements must be made to replace the missing dose before the cycle runs out. Where a person spits out their medicines, a second dose is NOT to be given. A record should be made on the MAR that the medicine was spat out/refused by the person – (see Mental Capacity Guidelines)

g) Medication has run out - Where a medicine runs out unexpectedly it must be re-ordered as a matter of urgency; the deficit in medicines must be reported to the manager as there may be concerns with the way in which medicines are ordered and received. Where a medicine has run out; advice from the prescribing health professional must be sought with regard to the person going without their medicines for a period of time. Ensure when re-ordering that the request is put through to the prescriber and dispensing pharmacy as a matter of urgency. A record must be made of the day and time the medicine ran out and subsequent records to evidence any actions in chasing the prescription/dispenser.

h) Medication is out of date - Where a medicine is noted as out of date it must be re-ordered as a matter of urgency and must be reported to the manager as there may be concerns with the way in which medicines are audited and re-ordered

i) Time constraints (in care homes) where medication rounds take 1 and ½ to 2 hours (or longer) and residents can't therefore all get their medication at 8am for example – consider speaking to the residents and their GP's to change the time that 'once daily' medication is administered; this is generally always given in the morning but it may be possible to give some resident's their once daily medicines at either lunch time, or bed time for example to reduce the length of time on the morning drug round.

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11.5 Covert Medication

Definition of Covert: 'Covert' is the term used when medicines are administered in a disguised format without the knowledge or consent of the person. (See also 12.5 'Off Licence' medication)

Outcome

The practice of offering medication covertly, for example in food or drink using lawful practice and appropriate documentation which clearly states the decision reached and the reasoning behind it.

Quality Standard

The person, family, carers and advocates can expect:

- Only to be given medication covertly if it is in the person's best interests.
- A clear distinction to be made between those people who have capacity to refuse medication and whose refusal should be respected, and those who lack this capacity. (See Capacity and Consent Guidelines)

Staff can expect to receive guidance with regard to:

- The circumstances in which this may be appropriate
- Justification for the administration
- The procedures which need to be followed within that administration
- Procedures for the recording of the process

General Principles

Health and social care practitioners should not administer medicines to a person without their knowledge (covert administration) if the person has capacity to make decisions about their treatment and care. Covert administration only takes place in the context of existing legal and good practice frameworks to protect both the person who is receiving the medicine(s) and the care staff involved in administering the medicines.

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

1) A presumption of capacity- every adult has the right to make his or her own decisions and must be assumed to have capacity to do so unless it is proved otherwise.
2) Individuals being supported to make their own decisions- a person must be given all practicable help before anyone treats them as not being able to make their own decisions.
3) Unwise decisions- just because an individual makes what might be seen as an unwise decision, they should not be treated as lacking capacity to make that decision.
4) Best interests- an act done or decision made under the Act for or on behalf of a person who lacks capacity must be done in their best interests.

5) Less restrictive option- anything done for or on behalf of a person who lacks capacity should consider options that are less restrictive of their basic rights and freedoms if they are as effective as the proposed option

And only where, following these principles, a person is deemed to lack capacity can a decision be made in their best interests to give them their medication covertly where it is clinically indicated by the prescriber.

Procedures

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

Necessity

- Is the treatment so essential it needs to be given by deception?
- Practitioners (including prescribers, nurses, care workers) should base their decisions on clinical advice where available.

Capacity

- Does the person have the capacity to decide about medical treatment?
- The person must have been assessed in accordance with the Mental Capacity Act 2005. This process should be timely and documented (See Capacity and Consent Guidelines)

Benefit

- Is the treatment of benefit to the person?
- Treatment must be for the benefit of the individual and not to benefit others
- Are there any potential risks of any possible adverse effects that might be caused by administering the medicine covertly, outweighed by the benefit?

Least restriction of freedom

- Is the covert method the best way to achieve administration of medication?
- Any covert administration must not compromise the person's freedom.
- Is the chosen method for covert administration the best way of providing the medicine to the person and also causes the person the least distress?

Take the person's past and present wishes into account

- Has an advance statement been made?
- It is important to take into account anything the person may have said to family and friends or involve an independent advocacy

Consult others

- Has there been full discussion within a multidisciplinary team with expert pharmacy guidance?
- This is essential and in addition there must be some consultation with the clinical team. Consideration must also be made of ethical, cultural or religious beliefs.

Encourage the person to use existing skills

- The person should have every opportunity to understand the need for medical treatment and communicate decisions

The manager will ensure:

- The use of covert administration should be included in the care plan once decided by the health team.
- This decision should be communicated in writing and countersigned by the health team. This would usually involve the prescriber or person from the mental health team
- The proposed treatment and possible methods of administration should be discussed with the pharmacist who will need to consider the pharmaceutical stability of the medication. (See appendix I)
- The treatment plan should normally be subject to regular review depending on individual circumstances

All those who administer medication will ensure:

- That no medicine is crushed or opened without the prescriber's written instruction to do so. Any person giving crushed tablets or opened capsules to a person without directions from the prescriber and without making the appropriate checks could be held liable for any harm caused.
- Documentation exists allowing the medication to be given covertly, before administration takes place.
- The method of administration should be clearly recorded on the medication administration record (MAR) and these directions accurately followed.
- Even with completed risk assessment and following the involvement of all relevant parties, it is imperative that good record keeping should support and demonstrate duty of care.

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11.6 Crushing or splitting medicines (Off licence medicines)

Definition of 'off licence' - Drugs may be used outside the terms of their product licence, e.g. in children or the elderly or for an unlicensed indication. If a tablet is crushed or a capsule opened, its use is then outside the product licence i.e. the pharmaceutical company cannot then guarantee the quality, safety and efficacy of the medicinal product.

Outcome

The medication is available to those who cannot swallow whole tablets or capsules, where a suitable liquid product is not available. An unlicensed product should not be used where a product available and licensed in the UK could be used to meet a person's special need. NB: Difficulty swallowing refers also to those people who receive nutrition and medication through a PEG/RIG tube

Quality Standard

The person, their family, carers and advocates can expect:

- To receive the medication in a form that is acceptable and in accordance with the prescriber's directions.
- To be given sufficient information about the medicines prescribed so that they can make an informed decision.
- To consent to the crushing or splitting of tablets unless a best interest decision is in place due to the person's lack of capacity (See 12.5 Covert administration) and where agreed by a multi-disciplinary team

Staff can expect:

- To only be asked to crush tablets or open capsules after medical guidance confirmed in writing by the prescriber.
- To be given guidance on how to crush the tablet/ open the capsule with complete directions on how to administer. (See Appendix I)

General Principles

- Prescribing unlicensed medicines may be necessary where:
  a) There is no suitably licensed medicine that will meet the person's need.
  b) Or where a suitably licensed medicine that would meet the person's need is not available.
- In most cases there are alternative options to crushing tablets and opening capsules. For safety, these will often be more appropriate. It should be determined if there is a licensed liquid preparation available.
- Staff should not crush a tablet without the advice of a pharmacist as this can cause medication to be ineffective and may breach regulations.

- The opening of a capsule or crushing of a tablet before administration will in most cases render its use to be 'off licence'. If a GP advises that a tablet should be crushed, advice from the dispensing pharmacy should be obtained in writing with detail about the volume of water or type of fluid or type of food this can be added to.
- Under the Medicines Act 1968 only medical and dental practitioners can authorise the administration of 'off licensed' medicines to humans. Consequently, the manufacturer may assume no liability (or refuse to accept liability) for any ensuing harm that may come to the recipient.
- A tablet should only be crushed/ capsule opened with the written authorisation of the prescriber; formal directions of the label, or written advice from the dispensing pharmacist. There is a format for Covert and Off Licence medication advice on share-point and at appendix 14 (I) of this policy

Procedures

Managers will ensure:

- The person's GP and/ or pharmacist are contacted so that all other alternative forms of medication are explored by the medical team before the decision is made to crush a tablet or open a capsule.
- Written instructions are in place for a specific named individual.
- The written instructions must be kept in the person's care file.
- The person's swallowing difficulties are continually assessed and appropriate action is taken if there are any changes, with the potential of swapping back to tablets/ capsules.

All those who administer medication will:

- Ensure they have received appropriate training
- Only crush tablets or open capsules if there are specific written instructions from the prescriber and pharmacy and the procedure is documented in the person's care plan
- Where medication is crushed/capsules opened for administration through a PEG/RIG, Agincare's policy 'Managing a Gastronomy Feed' guidance will be followed for flushing tubes

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11.7 Applying topical medicines (creams and lotions)

Outcome:
People who are prescribed substances to be applied externally can expect to be supported with dignity and by safe practices of staff

Quality Standard:
The person, their families, carers and advocates can expect:

- To receive their topical applications with dignity and in accordance with the prescriber's directions.

General principles

- Staff must know and understand the method in which a topical preparation is to be used; where a cream is labelled 'apply as directed' contact must be made with the prescriber and instructions provided on what 'as directed' means. A written record of the prescribers' instruction must be made in the care records detailing who was spoken with and the information they provided including which part of the body and the frequency of cream application.
- All prescribed substances must be entered onto the MAR/TMAR chart and signed each time they are administered or, a signed entry detailing responsibility for administration and where the record of each application is held.
- Any cream or emollient that has been purchased by the person using the service over the counter and without prescription does not need to be included on the MAR chart; application of such creams is part of the person's personal care routine, not part of their prescribed treatment. However; where over the counter creams are purchased for treatment purposes such as steroid creams (hydrocortisone or betnovate for example) or anti-fungal creams such as canestan they should be recorded on the MAR in order to demonstrate that we are providing the right support for the treatment of the condition; any person requiring such treatment can be advised to contact their GP to ensure they are getting the right treatment.
- Before applying any cream or lotion, care workers must review the MAR chart to ensure the cream or lotion is prescribed, evidence the time of required application and make sure they are aware of any special instructions.
- Care workers administering the cream must wear disposable gloves. Hands should be washed before and after a procedure and gloves must always be worn to apply the cream. This will prevent cross contamination and microbial contamination of the cream.
- The affected skin area should be clean and any residue of a previous application should be removed by gentle cleansing of the area.

- The cream, ointment or lotion should be applied making sure that enough is taken from the container to complete the application. If too much is taken the remainder should not be returned to the container as this will contaminate the remaining medicine

- The cream should be spread over the surface of the skin or gently massaged into the affected area until absorbed. Some medicines need to be applied sparingly, the pharmacist's label should say if this is the case. If there is no information on the label check the patient information leaflet or ask the pharmacist.
- Emollients should not be rubbed in but be applied in a sweeping motion, rather like applying butter to toast. Apply gently in an upward direction finally swipe gently down the length of the limb or area to replace any hairs to their natural direction of growth. This prevents the cream clogging hair follicles.
- If a further application is needed remove the glove and replace with a clean one. Any excess cream should be left on the glove and not returned to the pot. Gloves should be disposed of appropriately.

Caution – Emollients and Fire Risk

The Fire Safety Order 2005 requires identification of residents in **Care Homes** at risk as part of the fire safety risk assessment; this would include taking appropriate action to reduce the risk. Whilst this Order applies to residential care this includes Extra Care Housing and supported Living environments, Agincare expects such risk assessments to be carried out in home care (**AUK and Live in Care)** where there is such a risk.

Scientific testing shows that fabric burns quicker and hotter when contaminated with emollients. These fabrics include clothing, towelling, bandages or bedding. The emollients tested include those that:

- contain paraffin
- do not contain paraffin, such as those made with natural oils
- contain other flammable constituents.

Consider the risks posed by people smoking; this follows inquests into the deaths of people from burn injuries of high-risk smokers as a result of matches or cigarettes coming into contact with bedding or clothing.

The use of emollient creams must be considered in your risk assessment to ensure all reasonably practical steps are taken to reduce the risk of fire and its likelihood of occurring. The risk of fire posed by smoking whilst using flammable emollient creams is significant it must be avoided. In **Care Homes** there are strict smoking rules and smoking is only permitted in outside areas, the risk therefore is restricted to residents clothing (rather than bedding), fire retardant lap blankets must be provided when residents are smoking.

In **Home Care including tenanted accommodation** it is much harder to control people's own environment, a risk assessment for each person is critical for their own safety and that of others and must be discussed with them and their families; this will assess the needs of the person and consider their habits, their physical and mental capacity and their environment. The risk assessment should be recorded and considered as part of their care plan and their assessments. Questions to consider in both care homes and a person's own home environment include:

- Is the person a smoker?
- Are emollients being applied?
- Does the product contain paraffin?
- Is the person's mobility reduced?

If Yes – share the risks with the person, their family (as appropriate), their GP and nurse practitioner and ask them to consider prescribing an alternative product

The MHRA updated its Safe use of emollient skin creams guidance in May 2021

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11.8 Supporting with non-oral medicines (eye drops, nose drops, transdermal patches, inhalers)

Outcome:

People will be supported to have their non-oral medicines by staff who are trained and competent to act in accordance with prescribers' instructions

Quality Standards:

People, their families, carers and advocates can expect:

- To receive their prescribed medicines at a time when they need them with dignity and by trained and competent staff

Procedures

Eye drops and eye ointments

The directions should be read carefully and this guidance followed:

- Two different types of eye drops should never be administered into the person's eye at the same time, or the second drop will not stay in the eye. Wait at least five minutes before administering the second drop. Check with the pharmacist or GP if the order of giving and the timing are important.
- The person's head should be tilted back slightly
- The lower lid should be pulled down and one drop allowed to fall into the space between the lid and the eye.
- If more than one drop of the same eye drop is required in the same eye, there should be a one-minute interval before putting in the second drop. Wipe away any excess from the person's face with a tissue
- When drops are prescribed to be put into both eyes, separate bottles marked left and right to reduce the possibility of cross contamination should be present. The procedure is similar for eye ointments; allow about half a centimetre length of ointment. Unless stated differently in the patient information leaflet or prescriber's instruction.
- The person's eye should not be touched with the dropper or applicator.
- The container should be discarded 28 days after opening unless it is stated otherwise on the leaflet or container.
- The drops/ointments should be stored in accordance with the instructions on the label/PIL particularly regarding refrigeration/temperature control

Nose drops

- The person's head should be tilted well back and the correct number of drops allowed to flow down into the nose.
- The person's head should be kept tilted for a few minutes to allow the drops to be absorbed.
- Wipe away any excess from the person's face with a tissue.

Ear drops

- The person's head should be tilted to one side or ask them to lie on their side. Gently pull their ear lobe down. The required number of drops can then be administered into the ear.
- The person's head should be left tilted for 3 – 4 minutes after administration of the drops. Wipe away any excess from the person's face.

Transdermal Patches

- Although these patches are applied to the skin, they do have a systemic, not a topical effect, i.e. they are absorbed. Treatment with patches is most used for pain relief, angina, hormone replacement therapy, dementia and smoking cessation
- The patches are similar in appearance to a sticking plaster and they are applied in much the same way
- To apply, the skin must be clean, dry and undamaged and the patch applied firmly.
- The site should 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. If a rash is noticed contact the GP for further advice.
- See Transdermal patch positioning chart – Appendix G
  - Caution must be taken by Staff not to touch the medicated (sticky) side of the patch:
  - Open the protective pouch carefully and remove the patch. Check that the patch has not been damaged in any way as you have opened the pouch.
  - Place the patch on a dry, non-hairy, healthy area of skin on an upper arm or upper body unless otherwise directed (Oestrogen patches for example should be applied below the waistline). Press it firmly on to the skin for approximately 30 seconds to make sure that it sticks well, especially around the edges. It is important that you avoid touching the sticky side of the patch while you do this.
  - Patches should be changed at the frequency as prescribed.

  - When a patch is removed, fold the removed patch in half with the sticky side inwards and put it back into a protective pouch. Dispose of the pouch as directed on the PIL, making sure it is safely out of the reach of any children.
  - Use the Transdermal patch positioning chart to record where on the body you have placed the patch and confirm you have removed the previous patch. (Identifying where the patch is placed helps the next care worker easily find it to remove it and in doing so support's the persons privacy and dignity in not having their body 'searched' for patch removal

Precaution

- Excess of heat can affect the dose received from any transdermal patch; death has occurred from overdose from transdermal Fentanyl. Therefore patches must not come into contact with a heat source such as a heating pad, hot water bottle, electric blanket, or a heated water bed.
- Heated items like these may increase the amount of the drug that is released from the patch, which increases the risk of overdose.

- Hot baths and showers or sunbathing for long periods of time should be avoided. Similarly, where a patch is applied on an upper arm or shoulder, beware if the person is sitting under a full head hairdryer.
- Do not write the date of application on the patch, the pressure from a pen can increase the amount of drug released from the patch

Inhalers

- There are many different types of inhalers available; they are usually prescribed for conditions such as asthma or chronic obstructive pulmonary disease (COPD). The manufacturer's instructions should always be referred to.
- Listed below are the general points to follow for using a metered dose inhaler:
  - Shake the inhaler before use.
  - The person should breathe out as fully as possible.
  - The mouthpiece of the inhaler should be placed between the lips.
  - The person should start to inhale slowly.
  - The inhaler should be pressed down once to spray one dose into the mouth.
  - The person should continue to inhale until their lungs are full.
  - The person should try to hold their breath for 10 seconds if possible or as long as they can without feeling uncomfortable but for no longer than 10 seconds. They should then exhale slowly.
  - If two puffs are required the process should be repeated.
  - 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, please check with a pharmacist or the prescriber.
  - If you identify any problems using the device contact the pharmacist, nurse or doctor.

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11.9 Over the Counter (Household/homely remedies)

Definition: A homely remedy is a medicinal preparation used to treat minor ailments which can be bought over the counter and does not require a prescription. These are also known as GSL (General sales List) or 'P' (pharmacy only); GSL medicines can be bought in supermarkets and smaller retail outlets (corner shops, garages etc) including such things as paracetamol, cold relief and vitamin supplements. 'P' items are medicines which don't need a prescription and can be bought from a pharmacy under the supervision of a pharmacist; examples could be eye drops or nasal sprays.

Outcome:

People are able to make informed choices about over the counter products. Guidance is available to staff for the treatment of minor ailments (Appendix H) and for signposting/advising people on the use of over the counter medicines.

Quality Standards:

People, their families, carers and advocates can expect:

- To make an informed decision to receive a household remedy that has been purchased from a pharmacy
- To receive a household remedy in accordance with the correct directions.

Medicines trained staff can expect:

- Only to administer household remedies that have been agreed for use by the person's GP. Guidance on use of homely remedies (appendix H) to be available and reviewed to include good practice recommendations

General Principles:

People may wish to take medication obtained without a prescription, for example to treat colds or headaches; such treatments may include complementary or alternative medicines. Those who have capacity to make informed decisions are at liberty to buy over the counter medication without telling their carers, care staff or GP. Care staff should encourage people to share information so appropriate levels of support and advice can be given.

Household remedies should only be administered for minor self-limiting ailments, which would not normally require consultation with a doctor.

In **Home Care** there are lesser controls on the use of household remedies; particularly when care visits are time limited; people receiving care and support should be encouraged to inform care staff if they have chosen to purchase over the counter medicines, or their family/friends/carer does so on their behalf. Home Care staff must not take control of these medicines unless they have been agreed for use by the person's GP.

Creams and lotions purchased over the counter for cosmetic use (Dove/Nivea etc) are not classed as 'over the counter remedies'; creams such as E45, Diprobase or sudocrem for example are a remedying creams (for dry skin, eczema, psoriasis etc) although some people use them as part of a general skin care/personal care routine. If you are required to support a person with the application of any cream or lotion this must be part of planned care. There is no need for a MAR chart to be used for the recording of these as the care delivery record will evidence you have provided care as planned. If, however a person buys an over the counter steroid, or anti-fungal cream for example or any application to treat a short term condition (canestan, hydrocortisone cream for example) a MAR chart must be used.

All administered doses of oral homely remedies must be recorded on the MAR sheet

In **Care Homes** all administered doses of homely remedies must be recorded on the MAR sheet. If a homely remedy is requested, or suggested by a nurse or senior care worker who is able to make that decision, a product can be purchased by the resident (with support from staff) from the list contained within Appendix H; any other substances are not approved homely remedy stock as part of this medication policy.

A household remedy is not a substitute for qualified medical attention, especially if the person has other health conditions e.g. asthma, diabetes or epilepsy.

If the symptoms persist after a maximum period of 48 hours, a doctor should be contacted for advice on whether to continue treatment.

There are many different homely remedies available for different minor ailments and well-being (including vitamin and food supplements); it is of utmost importance that where a care worker is asked by a person to administer a homely remedy that full advice from a medical practitioner is sought

There are risks that prescribed medicines will interact with medicines purchased over the counter and cause harm. This includes

- Herbal products
- Traditional Chinese medicines

It is not necessary to seek advice to administer non prescribed medication creams (e.g. moisturisers) such as E45, aqueous cream, Diprobase, Doublebase, Oilatum (this is not a complete list of moisturisers, check with a pharmacist to see if a cream is considered a moisturiser). Application of non-medicated creams must be recorded in the care records only

Managers will ensure:

- Appropriate training and support are made available to all staff involved in the administration of medicines.
- Processes are in place to ensure written authorisation is given by the GP for the use of household remedies (See appendix D; Non-prescription medicines request)
- In **Care Homes** homely remedies will be labelled for a particular resident and must not be given to another resident as a homely remedy.

Storage of homely remedies in Care Homes

- Homely remedies should be stored in the same location as all other medication but designated clearly to show they are not prescribed
- Homely remedies should be products which are date checked during audit. The date of opening should be marked on liquid medicines which should be replaced six months after opening unless label directions indicate otherwise.

Storage of homely remedies in Home Care

- People are at liberty to store their medicines anywhere in their own homes, however, as with any medicines, they should be advised of medicines safety such as keeping medicines away from children and other vulnerable people and stored in accordance with instructions on the bottles i.e. away from direct sunlight, below 25 degrees C etc.

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11.10 Consent and Capacity

Definition:
Consent – permission for something to happen or agreement to do something. For consent to be valid, it must be voluntary and informed, and the person consenting must have the capacity to make the decision. These terms are explained below:

- **Voluntary** – the decision to either consent or not to consent (to care and support, to medication assistance etc.) must be made by the person themselves, and must not be influenced by pressure from staff, friends or family.
- **Informed** – the person must be given all of the information in terms of what the decision involves, including the benefits and risks, whether there are reasonable alternatives and what will happen if the decision is not made
- **Capacity** – the person must be capable of giving consent, which means they understand the information given to them, and they can use it to make an informed decision.

Outcome:

People can make voluntary and informed decisions to consent to or refuse a particular aspect of their care and support (in relation to this document, assistance with their medications) and their decision will be respected.

People who do not have the capacity to make a decision about their care and support, will receive that care and support in their best interests and in the least restrictive way

Quality Standards:

People, their families, carers and advocates can expect:

- To make an informed decision about how their medicines are managed
- To have decisions made in their best interests in the least restrictive way with the involvement of others with an interest in the person's well-being.

Medicines trained staff can expect:

- To receive training on medication management and on the Mental Capacity Act and best interest decision making process.
- To have clear documented plans of care to follow detailing either:
  - What the person has consented to and how they would like to be supported with their medicines
    Or

- What is in the best interests of the person and how the person is to be supported with their medicines in a way that encourages their involvement and participation, which is safe and which is the least restrictive.

General Principles:

- Consent must be obtained and recorded to ensure the person is in agreement with the identified interventions. People who have the capacity to understand the information and consent but are physically unable to sign may authorise a representative to sign on their behalf; the reasons that they are unable to sign must be recorded in the care plan.

- People who are unable to communicate consent must be given the opportunity to do so in a format that they are able to use and understand (Makaton; BSL; language interpreters, picture formats, large print etc)

- Formal, signed consent does not need to be recorded each time the medicine is given but a record of the administration should be made on the medicine's administration record.

- A person may withdraw their consent at any time.

- Consent to treatment cannot be provided by third parties unless they have been authorised to do so by the Court of Protection or they hold a registered Lasting Power of Attorney for Health and Welfare decisions. Agincare staff must still carry out a mental capacity assessment and record what is in the person's best interests even where there is an appointed attorney/representative

Managers will ensure:

- A Mental Capacity Assessment evidencing the best interest decision to assist or administer the medication in the manner it has been advised by the prescriber is held on file and forms part of the care plan.

All those who administer medication will:

- Ensure they have received appropriate training
- Only provide support to the person in the way it has been planned, either with their consent or in their best interests including the use of covert options if agreed
- Understand the strategy for supporting a person who lacks capacity and who regularly refuses their medication

For further information about assessment of mental capacity, making a best interests decision and understanding the role of a Lasting Power of Attorney, consult Agincare's Mental Capacity Act 2005 and Deprivation of Liberty Safeguards Policy and Procedure.

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11.11 Anticoagulant Therapy

Anticoagulant therapy includes medications such as warfarin, rivaroxaban, dabigatran, apixaban and phenindione. These are commonly used to reduce the clotting power of blood in order to prevent clotting or to prevent blockage of arteries in patients with rheumatic heart disease and irregular heartbeat.

It is important that people that take warfarin should get their clotting time checked regularly by means of an INR (International Normalised Ratio) test. This involves a blood sample being taken and sent for analysis. The results of this test will be used to confirm the dose taken or to adjust if necessary.

Outcome:
People who require regular tests for the use of warfarin and changeable doses are supported by safe practices of staff

Quality Standard:
The person, their families, carers and advocates can expect:

- To receive anticoagulant therapy in accordance with the practitioner's directions. NB: Warfarin is prescribed less often now with alternatives being preferred; this policy refers to use of Warfarin for those few people still prescribed this medicine and requiring regular INR testing

Staff can expect:

- To receive guidance on how to make the process of administration of the anticoagulant safe
- Only to administer anticoagulant therapy supported by clear prescriber directions.

General Principles:

1. When anticoagulant treatment starts, the person must be given verbal and written information, and this must be updated when necessary. Where care workers support the person with medication management they must fully understand the information.

2. Staff should be able to produce the yellow booklet and any other records about blood tests when they request a prescription for anticoagulants or collect the medicine from a pharmacy on behalf of the person.

3. Changes to the dose of anticoagulant should be written on the MAR chart in mg (milligrams) Warfarin tablets come in different strengths. If you confuse the number of tablets with mg, the person could get the wrong dose.

4. All dose changes for anticoagulants should be confirmed in writing by the practitioner. It is safe practice to attach the written confirmation of the oral anticoagulant dosage, supplied by the anticoagulant clinic, to the medicine administration record (MAR). Only accept a verbal message to change the dose in an emergency, and always ask for written confirmation as soon as possible.

Managers will ensure:

- They know the interval for INR blood testing and action any changes. Written instructions are in place for the dose of warfarin to be administered. This may be in the form of the yellow booklet, or letter/email from practitioner/ warfarin clinic; the process for obtaining and recording results must form part of the planned care.
- Training should be provided and updated as appropriate.
- If dose instructions of anticoagulant have not yet been received and a person is waiting to receive a dose of anticoagulant, the warfarin clinic must be contacted and advice sought or the prescriber contacted for advice on dose to be taken.

All those who may administer medication will:

- Ensure they have received appropriate training and are competent.
- Only administer the anticoagulant dose if clear written dosing instructions are provided.
- Ensure that the written confirmation of the oral anticoagulant dosage, supplied by the anticoagulant clinic, is attached to the MAR sheet as safe practice.

If a recommended dose of anticoagulant has not yet been received from the warfarin clinic, the clinic or practitioner must be contacted and advice must be sought on appropriate action to be taken.
NB: where Registered Nurses in Agincare Care Homes with Nursing are responsible for obtaining samples, the process for doing so and for obtaining results will be detailed in the individual's care plan; please refer also to Agincare's Venapuncture Policy and Procedure.

Things to be aware of:

- Warfarin interacts with a number of foods so a consistent diet should be eaten so that the effect of food does not vary too much. While eating small amounts of foods that are rich in vitamin K shouldn't cause a problem, avoid eating or drinking large amounts of spinach, kale, Brussels sprouts and parsley
- CRANBERRY JUICE must be avoided by people on warfarin.
- Regular monitoring of warfarin effect (INR tests) should ensure that overdosing does not occur. However, it would be wise to be aware of the symptoms and signs of bleeding and, if these occur, to notify the GP immediately, or out of hours health help line.

Symptoms and signs of bleeding would be: Excessive bruising, nose-bleeds, blood in urine, blood in stools, cuts bleed excessively, purple blotches on ends of toes, 'coffee grounds' vomiting, changes in vision, person is pale, clammy, light-headed and has an abnormally rapid pulse. Bleeding might not be due to warfarin overdose but any of the above signs should be reported to the person's GP. People prescribed anti-coagulants should have a risk assessment in place and planned care identifying actions required to manage bleeding in the event of injury.

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11.12 The Medication Administration Record (MAR)

Outcome:

Any involvement in a person's medication (reminding, preparing, or assisting), must be recorded on a Medication Administration Record (MAR) chart. This document serves as a legal safeguard should anyone be asked to justify their actions. As more Agincare services become digital with eMAR systems in place this guidance will change however, the principles of recording medicines administration either on a paper based MAR or a digital system remain the same.

Quality Standard:

Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Regulations 12 and 17 requires providers to have good systems in place to mitigate risks, manage medication and to keep records of any care and treatment provided

People, their families, carers and advocates can expect:

- The person to receive their medication in accordance with the prescriber's directions.
- There to be a record of which medication was administered by whom and at what time of day.
- There to be a record of any missed doses and reasons for this

Staff can expect:

- A MAR chart to be in place for the care worker to refer to when involved in the administration of medication to an individual.
- The paper based MAR sheet to be:
  - legible
  - signed by the person who completed it
  - clear and accurate
  - factual
  - have the correct date and time
  - initialled as soon as possible after administration to indicate medication given as prescribed/planned
  - avoid jargon or abbreviations
  - easily understood by the person, family or carer

NB: in home care (domiciliary and live in care, an approved MAR chart is available on share-point, in care homes, pre-printed MAR charts are provided by the pharmacy that serves the home

General Principles

- In some local authority areas which Agincare contracts with, care staff are required by the terms of that contract to use printed MAR charts from that local authority and a named pharmacy for those who are funded or part funded by that local authority. In order to

access this service, Registered Managers should check the terms of their contract and follow the required referral route

- Poor records are a potential cause of preventable medicine errors. Pre-printed MAR charts issued by a pharmacist are not essential but they reduce the risk of error. If an Agincare MAR chart is used there must be a robust system to check that it is completed correctly.

- The purpose of a medication administration record document is to enable staff (and people who use services if appropriate) to trace the use of a medicine (including prescribed creams, eye/ear drops and some homely remedies) from the time it is requested to the time it is administered or destroyed.

- The GP should be contacted to determine any allergies or intolerances to medicines or their ingredients if this information is not readily available at the time of assessment. Any allergies should be accurately recorded on the MAR sheet and shared with the team providing care.

- The MAR chart primarily acts as a source of information so that staff and appropriate professionals can find out what has been administered, by who and when.

- The records will be an aid to correct administration of medicines, although they do not necessarily ensure that a person has actually swallowed a dose that has been offered.

- Medication administration records also help to ensure that all staff are aware of the quantity of medication present and will reduce tendencies to over order repeat prescription medicines.

- Responsibility for providing MAR charts rests with the company although in some Home Care Services and generally in care homes these will be supplied automatically when the medication is dispensed. In some cases, the community pharmacist may choose to use their own MAR charts. This is acceptable but caution must be taken as the codes and requirements for signing will differ on these MAR charts.

- E-MAR: Where e-MAR systems are used, the principles are the same as for paper-based systems although they decrease the margin of error with direct communication between care services, pharmacist and prescribers; stocks are easily re-ordered, alerts are available for new prescriptions and particular functions do not let you proceed until all relevant checks have been made.

Procedures

- The MAR chart can be completed (typed) by a medication trained member of staff and stored in the persons home file (Home Care) but where it is hand written by a member of care staff it must be checked and signed by a second member of care staff at the earliest opportunity. In Home Care the first member of staff must enter the record and sign the entry as well as initialling the administration. The next member of staff that administers the medication must check that the details are correct and sign the entry; in Live in Care this second person would be the assessor or regional coordinator and in all instances of staff change-over

- In addition to checking the medicines delivered, the information on the MAR charts must be checked for accuracy. Particular attention should be taken to ensure that any medicine changes during the previous month are reflected on the new MAR. Ensure that quantities of any carried over 'when required' medicines are entered onto the new MAR.

- Any change to a prescription or prescription of a new medicine by telephone must be supported in writing (secure email) – See Verbal orders below

- An entry onto the MAR chart part way through the 28 day cycle can be made by a care worker (Home Care) if at a visit a new prescription has been made; for any medicine changes and for temporary courses of antibiotics for example. The entry must be in black ink, must be legible and must be exactly as it appears on the pharmacy label, ensuring the quantity, drug name, strength of medication, form of medication, the dose and any specific directions are clearly handwritten onto the MAR sheet; the entry must be signed by the care worker

- After administration, the MAR chart must be completed with the initials of the employee or the appropriate code if required. There must NEVER be any gaps present on the MAR chart for regularly prescribed substances.

- If the medication is not given for any reason (e.g. medication not available to be given, the person refuses medication, or health care professional advises not to give the dose), it should be marked with the appropriate code and a log must be made on the reverse of the MAR chart, detailing the date, reason why it was not given/ taken and the signature of the employee.

- Any changes in dosage or discontinuations of medication should either be signed for by the GP (on the MAR chart) or written confirmation such as a letter, or email should be kept with the care file or a written record of the GP's visit, review and subsequent new prescription written, dated and signed by the care worker making the entry on the care delivery record and marking the MAR chart to the effect that the medicine has stopped with the date and by who.

- The completed MAR chart must be provided to the manager for audit purposes and then must be kept for 3 years.

- The MAR sheet should be used to record any prescribed medication as well as any homely remedies approved by healthcare professional.

- Any PRN or variable doses must be clearly recorded on the MAR sheet with the actual dose administered (e.g. one or two).

Verbal Orders: Care Homes

- Verbal orders to stop medicines or amend doses should only be accepted in an emergency, when the person's health would be put at risk if the order was not acted upon immediately. Prescribers may telephone through instructions to vary doses.

- When taking a verbal order, staff should make a written record of their name, the time and date of the call, the name of the prescriber they are speaking to, and the new instructions. They should repeat the instructions back to the prescriber to confirm that they have heard them correctly, spelling out any drug names if they are unsure.
- The NMC standard provides guidance for the process after the verbal instruction:
  - The prescriber must authorise the change (by text or email) before any new dose is administered.
  - Any emailed prescription or direction to administer should be attached to the medicine's administration record.
  - The prescriber should issue a new prescription confirming the changes, usually within 24 hours of the verbal instruction (within 72 hours at weekends or over bank holidays)

Whilst the NMC applies to nursing practice; this process is equally applicable to non-nursing care environments

Verbal Orders: Home Care

- Care Staff must inform their Manager or the senior person on duty if they have received a verbal order to change or stop medicines from either the person using the service or GP; the Manager (or senior) will need to contact the GP to confirm the details and obtain written confirmation by email within 24 hours.
- The correct code on the MAR chart must be used for the entry indicating why it was not given. If the verbal order was to change a dose, the entry on the MAR chart must be crossed through with a single line and clearly marked 'Stopped by' with the name of the prescriber and the date; the new dose must be made as a new entry on the MAR chart with the correct instruction.
- Staff must write clearly, the name of the medicine, the new dose, the times it is to be given and the route of administration and then sign and code the correct date box accordingly
- Staff must document the verbal order in the Care Record detailing the name of the person giving the verbal order and the time they contacted the Manager or Senior and must state that the entry is to be signed by the next member of care staff. The next member of care staff will read this entry and sign the MAR chart to confirm the entry is written correctly.
- Verbal orders to stop medicines should only be accepted in an emergency, when a person's health would be put at risk if the order was not acted upon immediately.
- Verbal orders are accepted only in exceptional circumstances and do not include making regular changes to doses of Warfarin in response to INR (International Normalised Ratio) levels.
- If a prescriber makes a verbal order to stop a medicine, staff should action the request and request that written confirmation is obtained from the prescriber within 24 hours.

Cancelling items of medication on the MAR

- When an item of medication is stopped, staff should cross the item through to make it clear that it has been stopped. The former record should still be legible.
- Care staff should sign and date the cancellation and make a reference in the Care Record explaining why the item was stopped and who by, written confirmation from the prescriber should be obtained by email and filed with the MAR. .

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11.13 Safe handling of cytotoxic medication

Outcome:

The medication is given safely and correctly without a risk to those who handle them.

Quality Standard:

The person, their families, carers and advocates can expect:

- To receive the correct dose of cytotoxic medication at the correct time and in a safe manner.

Employees can expect:

- To be provided with appropriate guidance on how to administer and handle cytotoxic medications.
- Only to administer medication that is properly labelled and packaged by the pharmacy.

General Principles:

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

Occupational exposure can occur when control measures are inadequate. Exposure may be through skin contact, skin absorption, inhalation of aerosols and drug particles, ingestion and needle stick injuries (not relevant in the case of care staff), resulting from the following activities:

- Drug preparation
- Drug administration
- Waste disposal
- Cleaning spills

Procedures

- The risks must be identified. This needs to include identification of the cytotoxic drug that is being handled and the potential adverse effects on health.
- The groups of workers who may be at particular risk must be identified. For example, trainees, new and expectant mothers. Pregnant workers are especially at risk as some drugs could be harmful to the unborn child. This should be considered when completing the Expectant Mothers Risk Assessment.
- The risk must be evaluated. The likelihood of the cytotoxic drug causing ill health should be assessed. A decision should be made to determine whether existing precautions are adequate or whether more should be done.

- This risk assessment must be recorded and it is good practice to review the assessment periodically to ensure that precautions are still suitable.

The following measures must be considered:

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

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

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

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

- Reporting incidents - The spillage of any cytotoxic drug to which people could have been exposed should be reported on an incident report form and the line manager informed

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11.14 Transfer between care settings

Outcome:

People can expect continuity of care with their medicine's management

Quality Standard:

The person, their families, carers and advocates can expect:

- That when being transferred to another care setting, whether permanently or temporarily that their medicines and all information about their medicines will be transferred with them

Managers must ensure:

That the following information is available on the day that a person transfers to another care setting:

- Person's details, including full name, date of birth and address. (NHS number should be available to managers in Care Homes and should be provided)
- GP's details
- details of other relevant contacts defined by the person and/or their family members or carers (for example, the consultant, regular pharmacist, specialist nurse)
- known allergies and reactions to medicines or ingredients, and the type of reaction experienced
  NB: information will be recorded on the 'grab sheet', hospital passport or critical information report depending on the system used in the Agincare service

Staff present at the time of transfer must ensure:

- a copy of the MAR chart is provided with the transfer information to the first responder (in the event of emergency) to accompany the person to the other care setting (hospital)
- the MAR chart details the medicines the person is currently taking, including name, strength, form, dose, timing and frequency, how the medicine is taken (route of administration), what the medicine is for (indication), if known and the date/time of the last dose
- the date and time the last dose of any 'when required' medicine was taken is recorded on the MAR if within the 28 day cycle
- The medicines are provided for transfer including medications in blister packs and original containers.
- If the person is on a controlled drug staff must sign the CD register (Care Homes) and get a witness signature to confirm that the CD's have been sent with the resident; in Home Care, staff must make a note in the care delivery records of all medicines that have gone with the person to the other care setting.

- In Care Homes, during the residents stay in hospital mark the MAR sheet with the appropriate code (e.g. code H) to indicate in hospital; in Home Care the MAR chart is to be marked with a single strike through line of the dates the person was away when the person returns from the other care setting
- If repeats have already been ordered (Care Homes), when they arrive they must be stored safely within the medication room. This is because the medication that the resident returns to the home with from hospital is the current assessed medication regime to be followed.

Transferred from Hospital or other care setting

- On arrival back home or at the care home, check in the medication from the hospital against the hospital discharge letter and the hospital MAR sheet if provided.
- Remove any medications that are either discontinued as per the discharge letter and any medications that have been returned from the hospital but are **NOT** currently in use e.g. a blister pack from the resident's medication regime prior to admission.
- If there are any discrepancies between the discharge letter and the hospital MAR sheet you **MUST** contact the hospital ward immediately.
- If a hospital MAR sheet is not provided, handwrite the MAR sheet – **DO NOT** amend the printed MAR sheet that was in use prior to admission
- Use the hospital medication first.
- Do not ask the GP for a prescription in order to have medications packed into a monitored dosage system for ease of administration by staff.
- Only re-order further supplies to continue the medication regime as per the hospital discharge or following a GP review.
- If the reason for discontinuation of a medicine is not explicit on the discharge summary, or if a MAR sheet is unavailable, the hospital ward should be contacted to confirm the changes.

A person attending an outpatient or other medical appointment

- If a person attends an outpatient or medical appointment it may be advisable for them to take a copy of the MAR chart with them if possible or the very least, a record of the medications they are taking.
- The MAR chart will evidence to the outpatient staff whether the person has been taking their medication as prescribed. Such evidence should only be taken if the person consents to sharing the information

Administration of medicines away from their home

- Where a person undertakes a planned activity e.g. attends a day centre or is going on holiday, the staff helping to plan the activity should approach the pharmacist for a supply of medicine to be dispensed if the person is unable to do so themselves.
- In the event of an unplanned activity, a care home must ensure a sufficient supply of medicines is given and recorded on the MAR chart with an explanation on the reverse that the medication has been provided to the person to take at a later time whilst away from home; advice should be given to family members or any person escorting the resident if required on correct medication management. On their return, medicines should be checked back into the care home, any discrepancies noted in supplies (i.e. Resident has been away for 2 days but 4 days are missing from the pack NB: any concerns regarding discrepancies must be discussed with the person and their GP).

- In Home Care, where a person undertakes an activity away from home, it is the responsibility of the person managing the medication (i.e.: themselves, their carer or their care staff) to ensure they have their medication to take with them. If care staff undertakes this responsibility, they must record on the MAR chart that they have done so.

Partnership (reciprocal) working

Whilst Agincare expects the above processes to be followed in relation to people transferring between care settings, it cannot be held accountable for the responsiveness of other services. In some instance a person will be discharged from hospital without clear information, or the discharge information may be given to a family member who subsequently fails to pass it on. Where transfer is between other care settings such as nursing or care homes for respite care, we cannot always rely on the management of processes by those other providers so it is up to Agincare staff working with individuals to ensure they have all the necessary, current, up to date information about a person's medicine needs in order to continue supporting them. Where this information is not forthcoming, every effort must be made to chase the information and document all attempts at obtaining.

In the event that a person returns to the Agincare service with no medication and no record/prescription, Agincare must ensure the GP is contacted without delay and a new prescription obtained at the earliest opportunity; if these circumstances were to occur on a Friday afternoon/evening for instance and the 'earliest opportunity' is the following Monday, out of hours service must be advised that the person may be at risk of being without their medication over the weekend.

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11.15 Medication Incidents

Outcome:

Medication related incidents will be managed effectively, safely and with transparency

Quality Standard:

The person, their families, carers and advocates can expect:

- That should a medication incident occur they will be provided with the appropriate level of emergency treatment, care and support
- That should a medication incident occur they will be informed of the outcome of any internal investigation
- That should a medication incident occur the matter will be referred to the local authority safeguarding team where appropriate

Staff responsible for supporting a person with medication can expect:

- Not to be asked to administer medication until trained and deemed competent
- To receive training in accordance with the national standards as part of their induction/selection assessment.
- That the manager identifies, through competency, support and supervision processes, if refresher, update or further medication training is required.
- That should an incident occur and be reported immediately they will be supported through the process of any investigation and performance management issues
- That should a medication incident occur that was as a result of wilful neglect, they may be referred to the Disclosure and Barring Service and/or the Police for investigation

General Principles:

- Staff are encouraged to report any situation where things have or could have gone wrong. This also applies to errors that staff identify, but have not made themselves – e.g. errors made by prescribers, pharmacists and other care staff.
- The person for who the medicine is prescribed is supported to receive medical attention immediately following the error or omission; If this is out of hours, then advice should be sought from 111 NHS non-emergency service line or 999 emergency services depending on the severity of the error
- The full facts must be reported within 24 hours of the error occurring or being discovered and the root cause of the medicine related incident must be determined.
- When an incident occurs, consideration should always be given as to whether an alert should be raised under the adults safeguarding procedures. The following points should be considered prior to raising an alert in these circumstances:

- Has the person been, or do they appear to have been, harmed or is there a potential risk of significant harm to them or another person?
- Is there a person who is allegedly responsible because of something they did or did not do? (This could be family, staff, or another adult at risk or their identity may be known or not known)
- Did the incident occur due to a failure in care, a breach of policy and procedure or a breach of professional code of practice?

If any of the above applies an alert should always be raised.

- There is no requirement to notify CQC about <u>all</u> medicine's errors, but a notification would be required if the cause or effect of a medicine error met the criteria to notify one of the following:
  - A death
  - An injury
  - Abuse, or an allegation of abuse (where harm has occurred or there was potential for harm)
  - An incident reported to or investigated by the police

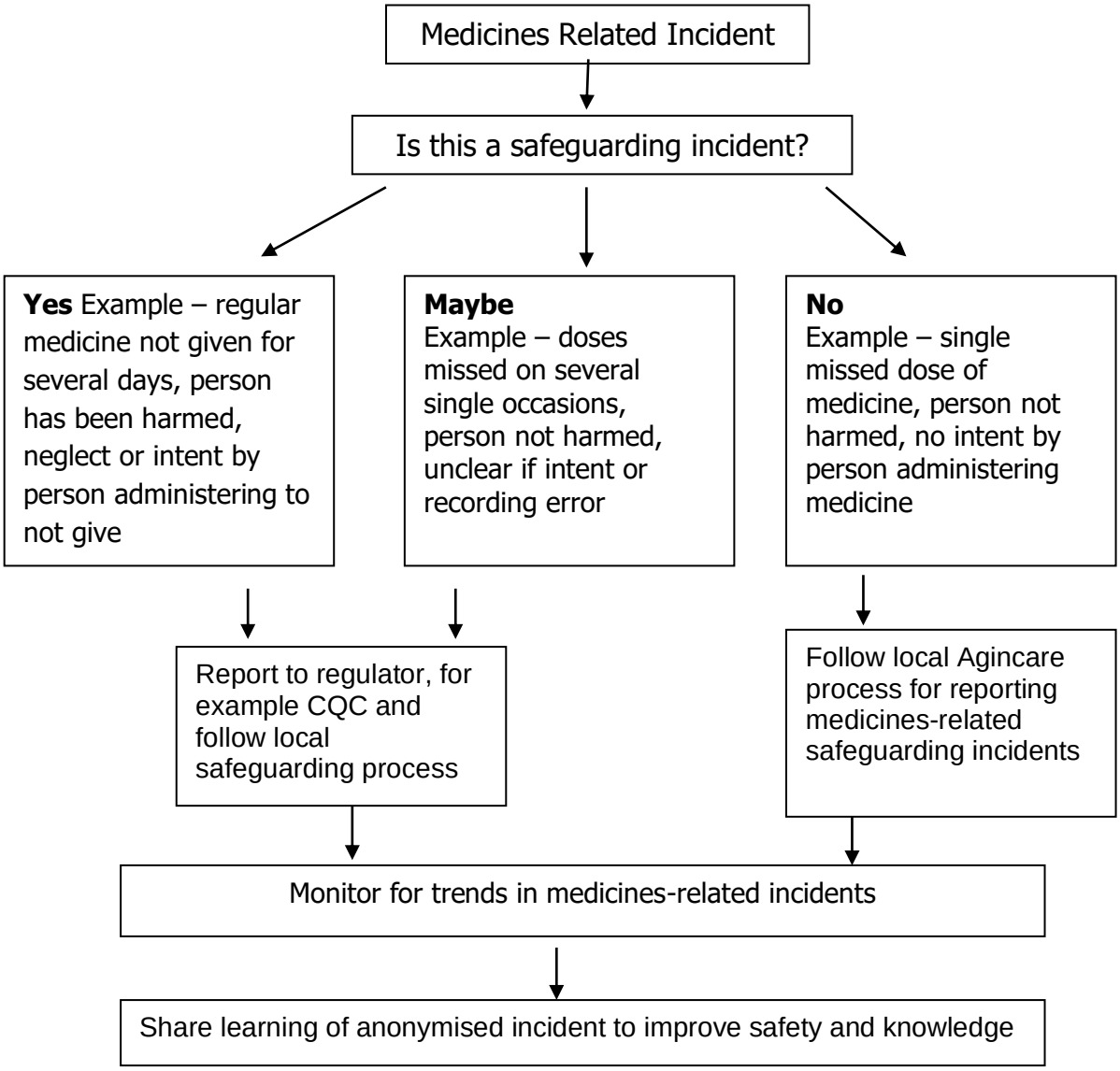
- Where incident-reporting procedures apply and raising an alert may not be required (near miss) they may be addressed by managers through internal procedures.

- Some incidents may not always require an alert to be raised. If the incident has resulted in no apparent harm or potential for harm, Agincare's incident policy and procedures should be followed and should include:

  - a clear record detailing an account of the incident;
  - an assessment of risk; actions taken;
  - updates of care plans including a review of the effectiveness of interventions.
  - evidence of performance management of staff; this could be informal coaching or additional training

- Consideration should also be given, depending on the nature of the incident, as to whether it may be necessary to notify any external agencies or organisations of this incident, for example due to contractual or regulatory requirements or other relevant parties such as relatives. If the incident related to any controlled drugs, referral to the NHS and police may be required (See Guidance 12.3 Controlled Drugs)

- A near miss can be defined as:
  - incidents that affected the person's care and/or reached the person but that caused no harm or minimal harm (often these can be seen as safeguarding incidents based on potential for harm)
  - incidents that did not reach the person, or affect their care, such as prevented medicines-safety incidents.



Recurring incidents

- If the same or a similar incident occurs that relates to the same person or other persons when the same care staff are on duty/involved it would suggest that the risk assessment/care plan or other elements of prevention such as monitoring the staff competency in place are not effective.

- Recurring incidents may not appear to have a visible impact on the person or others; however, raising a safeguarding alert should be considered, to prevent harm being experienced in the long-term.

- Poor practice can result in harm when risks are not identified and no action is taken to prevent further incidents occurring or the concern escalating.

- Managers and staff have a duty to have systems in place that enable them to identify patterns/cumulative incidents and to raise an alert if there are a number of these, even if some are retrospective.

- The following examples, though not exhaustive, provide assistance in identifying when poor practice could be abusive and when an alert should be raised under the adults safeguarding procedures.

Poor Practice - internal action (incident-reporting)	**Possible Abuse - raise an alert**
A person does not receive their medication on one occasion, but no harm occurs (their doctor /pharmacist was contacted for advice regarding the impact of the missed medication)	Medication error on one occasion, causing harm, (e.g. Diabetic – insulin*, wrong dose, missed dose) or could have caused significant harm. Recurring event, or happening to more than one person. Harm suffered, e.g. pain, health deterioration, side effects.

*Maladministration of insulin (and oral methotrexate for non-cancer treatments) are listed as 'never events' by the department of health i.e., an incident that should never happen. See Agincare's accident, incident and near miss guidance

If there is any doubt regarding whether an alert should be raised under these procedures this should always be discussed with the Line Manager or the local safeguarding adult's team.

Any incidents where controlled drugs go missing

- Contact must be made with:

- The Local authority Safeguarding Team as a Safeguarding Adults Alert
- The Care Quality Commission.
- The Local NHS Controlled Drugs Accountable Officer (NB: Some NHS's Controlled Drugs Accountable Officers will have different titles).

- Where a criminal offence has occurred and a delay in reporting could lead to the loss of evidence or allow a suspect to escape, dial 999 and report it in the usual manner.

Any suspected abuse of controlled drugs (both by care staff or people using services)

- Contact must be made with:

- The Local authority Safeguarding Team
- The Care Quality Commission.
- The Local NHS Controlled Drugs Manager who will, if appropriate, notify the local police.

- Where a criminal offence has occurred and a delay in reporting could lead to the loss of evidence or allow a suspect to escape, dial 999 and report it in the usual manner.

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11.16 Buccal Administration

Guidance for Buccal Administration of Medicines

Training must be given to those who will administer buccal medication and each individual who is prescribed midazolam must have a plan in place indicating the circumstances and need to administer the medication and to have consented to the plan. (Where they lack capacity to consent, a best interest decision must be recorded). This guidance relates to buccal administration particularly in relation to managing seizures; medicines administered into the buccal cavity or sublingually (under the tongue) are sometimes prescribed for other conditions (fentanyl for pain relief, zolpidem for insomnia)

The prescribing doctor must provide a clear protocol for the use of rescue medication in prolonged or repeated seizures.

The protocol must be held with the person's medication record and be visible and accessible to care and support staff. The protocol from the health professional must include:

- When to give the medication i.e.: when seizure is prolonged, 5 minutes, repeated/cluster
- The dose of medication prescribed and the route (in this case buccal)
- Time to allow for the drug to take effect i.e.: 6 – 10 minutes
- Details of any second dose; when to give and time to allow to take effect
- Time allowed between doses and maximum doses in 24 hours
- What to do if medication doesn't work i.e.: call an ambulance

The protocol should be reviewed annually by the prescriber and should be kept with the person's medication to be checked before any emergency administration.
The care worker should have access to the protocol and the medication in all situations i.e. if out on a trip/shopping/event etc.
Consider reducing the protocol to pocket/credit card size and laminating for staff to take with them when out with the person; the protocol can also be transferred to Agincare's PRN care plan and epilepsy risk management plan

What is Midazolam
Midazolam is available as buccal liquid medicine, which is given inside the cheek. Midazolam is a schedule 3 controlled drug; there are two different products.

- **Buccolam** liquid medicine in prefilled oral syringes: 5 mg in 1 mL. This medicine is licensed for use in children.
- **Epistatus** liquid syrup in a bottle with 4 oral syringes: 50 mg in 5 mL. This medicine is not licensed for use in children but can be ordered specially from your pharmacist with appropriate prescription

Midazolam is a strong sleep inducer; relieves anxiety, muscular tension, spasm and seizures; it produces its effects quickly and for a short period of time. Buccolam does not require special storage – do not refrigerate or freeze, it has a shelf life of 18 months (always check expiry date) Epistatus must be stored upright at between 15 and 25 degrees centigrade. The cap must be replaced **immediately** after use to prevent deterioration. It must be discarded if the liquid is not clear and the last 1ml must not be used but should be returned to the pharmacist

Possible adverse effects

- Depression of respiratory effort (Hypoventilation)
- Restlessness
- Severe drowsiness
- Memory loss

The solution is mildly acidic (as vinegar) and is sugar free

How to give buccal midazolam

- Note the time the seizure starts
- Follow the individual's protocol to see how long to wait before giving Midazolam
- If you decide to give Midazolam, check the package to ensure the dose, expiry date, route, time interval, name and correct medication
    1. Ensure plunger is pushed all the way down the syringe
    2. Unless using pre-filled syringes, insert syringe into bottle and tip whole bottle upside down
    3. Following the protocol draw the required amount of liquid into the syringe
    4. Administer approximately half the dose into the space between the teeth and lower cheek (buccal cavity) on one side of the mouth
    5. Then administer the remaining dose into the buccal cavity on the other side of the mouth
    6. If that is not possible, administer the whole dose into one side of the mouth
    7. **Do not administer the dose below the tongue since the teeth may clamp shut and break the syringe**

- Stay with the person until the seizure has stopped and until they return to their normal functioning
- Note the time the seizure stops
- Be aware the person may have respiratory depression (hypoventilation) so will need close observation
- Assist the person to dress/tidy themselves remembering they may have been incontinent during the seizure
- Dispose of the syringe and replace the bottle of Midazolam to its usual storage place
- Document the seizure in the care plan

Remember, if a second dose is required (if the seizure is prolonged without response to the first dose) and the protocol confirms a second dose is alright, repeat 1-7 above remembering to use a new syringe.

Sublingual medications are given under the tongue. Both buccal and sublingual medications are absorbed through the mucous membranes of the mouth for rapid systemic effects; both can be given in either liquid or tablet form. Tablets are not to be chewed or swallowed but instead should dissolve completely in the mouth to assure reaching therapeutic blood levels, this can take up to 2 hours. Midazolam is given in liquid form for rescue medication in prolonged seizures as a person's jaw is likely to clamp tightly during a seizure so it is not possible to place a tablet sublingually and an unconscious person may inhale and choke on a tablet.

On receipt of training for administration of Midazolam, the person's individual circumstances must be considered as part of their person-centered care and support plan. Where this training has been provided by an Agincare employee the person's own health practitioner (i.e. the prescriber of the Midazolam) must agree that the care worker can administer it; this agreement must be recorded in the persons care file

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11.17 Oxygen Guidance for Safe Use and Storage

Introduction

Oxygen is administered when there is a deficiency of oxygen in the blood or tissues. It should only be administered where there is a clear medical need for its use.

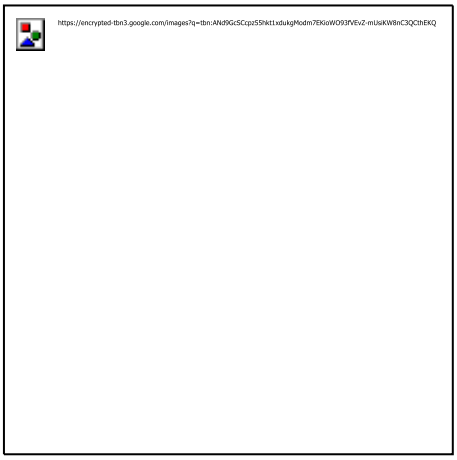
Oxygen is a drug and therefore requires prescribing; it must be supplied on an individual basis

- The need for oxygen arises when oxygen transport to the tissues is insufficient due to a breakdown in either the respiratory or circulatory systems
- The aim of oxygen administration is to maintain tissue oxygenation at a functional level to eliminate detrimental compensatory responses to hypoxemia (reduced oxygen concentration in arterial blood), which may cause serious or irreparable damage to vital organs and tissues.
- For general use, oxygen can be administered via nasal cannula/specs, face masks oxygen tents or via mechanical ventilation devices.
- Oxygen must be prescribed by a doctor and recorded on the MAR chart indicating the percentage required, flow rate, frequency of administration and delivery method, e.g. nasal cannula.

STORAGE

Oxygen is a very combustible material so it is important that it is stored safely and correctly:

- Keep away from extremes of temperature, e.g. do not store close to windows or radiators
- Store in a well ventilated area
- Cylinders should be secured in a cylinder trolley, rack or with a chain
- Keep away from combustible materials
- Keep away from naked flames e.g. fires, cookers
- Ensure NO SMOKING anywhere in the vicinity of Oxygen cylinders
- Where Oxygen is stored in a Care Home, appropriate signage must be evident; a sign must be placed on the door of the storage facility and on the bedroom door of the person receiving the oxygen. Signs may be provided by the Oxygen cylinder supplier, or can be ordered via Agincare Facilities Department



IN EVENT OF FIRE

Person in charge of the Care Home, or the home care worker if present in a person's own home when fire breaks out must notify the fire service to warn them of the presence and location of oxygen cylinders

TRANSPORT

When transferring a person via car/taxi, staff must ensure that a portable oxygen cylinder with sufficient oxygen is available to complete the journey. A warning sticker must be displayed in the car window at all times, advising that Oxygen is being carried.
When in use the oxygen cylinder must be securely strapped in the vehicle, ideally with a bespoke restraint, but in a normal car it is sufficient to place it on the back seat next to the person, strapped in securely with the car's seatbelt system. Alternatively, it should be stowed in the rear foot well of the car.

PROTOCOL FOR USE OF OXYGEN CYLINDERS

To be used in conjunction with the person's specific care and support plans. **Staff involved with people who require oxygen administration must be trained and deemed competent to do so.** Where this training has not formed part of the Care workers medication training, this can be provided by the relevant Health Care Professional; the district nurse for instance; the suppliers of oxygen cylinders and equipment will often also provide training on safe use.

Oil, grease and petroleum based products (E45, sudocream, Double base etc) should not be used for a person using oxygen as these products are highly flammable; if a person is prescribed such creams for skin care, please request their GP to prescribe an alternative, non-flammable product. If a person buys cosmetic oil based moisturisers to be used as part of planned care, please advise them of non-flammable alternatives. Further advice can be found at:
http://www.webmd.com/lung/copd/safety-tips-for-using-oxygen

1. When not in use, oxygen cylinders should always be stored with the cylinder valve closed and the flow meter turned to the OFF position. The gauge will then usually be showing as empty.
2. Turn the knob or key (depending upon the type of cylinder) fully to open the cylinder valve, the gauge should now show accurate guide to amount left in the cylinder.
3. Ensure there is sufficient oxygen remaining in the cylinder for what you require – if showing less than ¼ full always ensure than an alternative supply is immediately to hand.
4. Turn flow meter to desired setting as prescribed, and ensure that the gas is flowing freely
5. If using a flow meter with a floating ball, rather a dial with specific numbers, the floating ball should be sitting just above and resting on, the desired setting.
6. Check the gauge regularly, whilst in use to ensure that there is always sufficient remaining in the cylinder
7. When finished using an oxygen cylinder, please always observe the following procedure:

    - Turn off the flow meter
    - Turn off the cylinder valve
    - The cylinder valve now needs to be vented to empty any remaining gas from inside the valve
    - Switch the flow meter back on, to a high setting briefly until all gas has been

expelled
- The gauge should now usually be reading empty again
- The cylinder is now ready to be stored safely, according to local protocols

When an oxygen cylinder is delivered to a Care Home the person in charge should ensure that the cylinder is labelled with the name of the resident is has been prescribed for or labelled "for emergency use"

ADMINISTRATION OF OXYGEN

Oxygen is a prescribed drug and as such, must be prescribed by an appropriately qualified medical practitioner. The amount of O2 to be administered must be prescribed clearly, with full instructions, including any variations allowed in the amount to be administered and under what circumstances these variations may be made.

It is the responsibility of the Registered Manager to ensure that all members of staff who are likely to be administering O2 therapy have received appropriate training and are fully aware of the prescription and instructions for use of oxygen for the particular person.

A risk assessment must be carried out; the Registered Manager or person responsible for the assessment process must ensure that all risks are considered in relation to the storage, transportation and use of the oxygen. Oxygen use should be identified on the Medication Management Assessment regards any hazards around the person's prescription or administration of oxygen, the General Risk Assessment document must be used to identify any additional hazards regard storage, mobility, transportation, access etc.

The person's O2 requirements should be assessed on a regular basis and the effectiveness of such therapy recorded; this will be carried out by the prescribing Healthcare Professional. The frequency of reassessment will vary dependent upon clinical need/situation/individual person using services. Any variation of the person's condition must be communicated to the prescriber by the registered Manager; staff are to report any such changes immediately to the Registered Manager. When choosing a suitable delivery method, e.g. mask or nasal cannulae, as well as clinical indications, attention should be paid to the person's choice, especially in respect to any fears/concerns regarding having their face covered or having something up their nose etc. whilst the Healthcare Professional will decide on the delivery method, care workers are to monitor the person's psychological and emotional well-being and report any concerns to their manager.

People receiving oxygen must be offered regular drinks or ice cubes to suck, mouth washes or oral care as appropriate to needs.

PRN (as required) O2

Oxygen may be administered for more acute conditions, or to treat the immediate symptoms of hypoxemia. The aim in these instances is to decrease the work of breathing, thereby reducing the myocardial load. Some of the indications for short-term therapy include:

- Cardiac or respiratory failure
- Hypotension
- Shock
- Respiratory distress

- Angina
- Myocardial infarction
- Anaphylaxis
- Seizures

In these emergency life-threatening conditions, High Flow oxygen may be administered as part of resuscitation, as a life-saving measure, without the need for a prescription by trained staff. **Care Workers are not to administer emergency Oxygen unless trained to do so.**

The following procedure is for use by people trained in oxygen use for those requiring PRN oxygen therapy or oxygen therapy for long term use.

PROCEDURE	RATIONALE
Explain and discuss procedure with person requiring the oxygen	To ensure that the person understands the procedure and gives his/her valid consent. This will also reduce the person's anxiety
Where possible ensure the person is in a comfortable position	To promote comfort and compliance and to optimize lung expansion
Wash hands as per Infection control	To minimize risks of cross infection/contamination
Check O2 prescription, administer according to prescription	To ensure that the O2 is administered correctly and safely
Continuously monitor respiratory function – skin colour, breathing pattern, effort or breathing, rate, depth etc	To assess effectiveness of treatment and to identify deterioration/improvement in the Person using services.
To encourage person to drink sufficient fluid during the day/night	To reduce the risk of dry mouth due to the very drying effects of O2 reducing the risk of mouth ulcers
Observe person and O2 delivery system at all times, to ensure no equipment failure occurs and to ensure that the person's condition remains stable	To ensure maintenance of the equipment and consistency of treatment and to ensure safety at all times

If there is a clear deterioration in the person's respiratory function:

1. Call 999 for a paramedic ambulance
2. Monitor the person's colour until help arrives
3. Perform Basic Life Support – check whether there is a DNACPR/AND in place
4. Inform family
5. Complete all documentation

RECORDS

The following information should be recorded in the person's care plan:

- Confirmation that oxygen therapy has been prescribed
- Flow rate, method of delivery and duration of therapy
- Risks to resident or others in using the gas
- Assessment of ability of resident to administer flow rate themselves

Daily recording:

- Times of administration
- Levels of administration
- If the person is on continuous oxygen therapy by concentrator this should be recorded in the care plan and daily recording can be limited to interruption of use

12. References:

1. NICE QS85 Managing Medication in Care Homes Guidelines March 2015 http://www.nice.org.uk/guidance/sc/SC1.jsp
2. NICE NG67 Managing medicines for Adults receiving social care in the community Guidelines March 2017
3. Bournemouth Borough Council and Poole Borough Adult Services Medication Policy 2010 (02)
4. West Sussex Adult Care Services Medication Policy 2011
5. Derby City council Medication Policy and Procedures 2015

13. APPENDICES

The following pages contain appendices A – G

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Appendix A

What care staff CAN do when trained and deemed competent and what they CANNOT DO

Procedure	Can we do it?	What we will do	What we can't do
Tablets Capsules	Yes -included as part of a care package -ensure appropriate assessments are in place -MAR sheet in place	-Remind the person to take their medication -Prepare the medication before passing to the person to take the medicine themselves. Includes dissolving, halving tablets using tablet cutter where indicated, opening original containers or blister packs. -Administer the medication by selecting the dose -Fully administer the medicine by placing in the person's mouth. -Support with covert medication under the guidance of the appropriate healthcare professionals	We won't crush tablets unless: -There is no suitable alternative as decided by the GP or pharmacist -It is carried out with the written authority of a prescriber and pharmacist We won't accept any change to medication unless it is: - detailed in writing by the prescriber -clearly identified on the MAR sheet and signed by designated medicines trained staff
Liquid medicines	Yes -included as part of a care package -appropriate assessments are in place	- Measure out the correct volume using the correct measuring device	We won't accept any change to medication unless: - detailed in writing by the prescriber -clearly identified on the MAR sheet and signed by designated medicines trained staff
Controlled Drugs	Yes -included as part of a care package -appropriate assessments are in place -MAR sheet in place	In homecare, controlled drugs are administered in exactly the same way as all other forms of medication. In care homes a controlled drugs register must be kept	
Anticoagulants	Yes	-For variable doses adjust	We won't accept any

(eg.warfarin rivaroxaban)	-included as part of a care package -appropriate assessments are in place -MAR sheet in place	the dose following instruction on the 'INR slip' from the anticoagulant clinic. -the 'INR slip' will be kept attached to the MAR sheet.	change to medication unless: - detailed in writing by the prescriber/INR clinic -clearly identified on the MAR sheet and signed by designated medicines trained staff
Medication applied to gums/inside of mouth including buccal administration and prescriptions for mouth ulcers/conditions	Yes -included as part of care package -appropriate assessments are in place -MAR sheet in place appropriate - individual protocols are drawn up (for buccal midazolam etc) -training by a relevant person as required and completed medicine competency form	-Support the client to administer - Administer the medication into the buccal cavity as directed by the individual protocols in place -Rub medication onto the affected/appropriate area of the mouth	We won't: -administer the medication where there is a risk of harm to the employee due to behavioural difficulties
Inhalers	Yes -included as part of care package -appropriate assessments are in place -MAR sheet in place	-Assist the person in constructing a compliance aid for self-administration -Insert capsules into the device as directed - Assist the person to use the inhaler by holding onto the device where dexterity is poor and pressing the inhaler to dispense the appropriate dose as defined on the MAR sheet	We won't: -Make decisions on when to use inhalers unless a prn protocol is in place clarifying the indication for use.
Insulin sub-cutaneous injection	No (except RN's in Care Homes with Nursing)	-monitor the client's glucose levels and report to health care professional if outside normal boundaries (detailed in care plan). -Hand the pen to the person -Pass the sharps bin to the person to deposit the used syringe	We won't: -draw up the insulin into the syringe.
Adrenaline auto-	Yes	Inject the client using the	We won't:

injectors (Epipen-for anaphylactic shock)	-appropriate assessments are in place. -training by a relevant person has been provided and the registered health professional confirms their authority for the care worker to administer	pre-measured dose applicator. Call the emergency services	-make any judgements on dose required
Transdermal patches (including pain relief such as morphine sulphate patches)	Yes -included as part of a care package. -appropriate assessments are in place. -MAR sheet in place	-Take out of the package for the person to apply. -Apply the patch. -Dispose of the patch in the correct manner. -Patches should be changed at the correct time	
PEG (percutaneous endoscopic gastrostomy) feeding	Yes -included as part of a care package -appropriate assessments are in place. -training by a relevant person has been provided and the care worker is competent.	-Ensure tubes are clean and running free. -Attach a feed. -Insert fluids into the tube using the correct utensils. -Insert medication into the tube following directions on the MAR and after training and competencies checked -Detach and dispose of the empty feed container. -Clean the site area when required. -Report to the DN/ manager any problems identified	We won't: -make judgments on a person's health. -make decisions about the quantity, content and speed of the feed. -rectify any problems with the feed apparatus.
Eye, ear and nose drops	Yes -when it has been prescribed and a MAR sheet is in place. -appropriate assessments are in place.	Place dropper bottles into compliance aids for clients to self-administer. Remind client to self-administer a dose. Administer the drops when all other options have been explored	We won't: -Provide assistance with any over the counter eye, ear or nose drops unless authorised by the GP or other relevant prescriber.
Over the counter preparations (tablets, liquid	Yes -included as part of a care package	Remind the person to take their medication -Prepare the medication	We won't: -provide assistance with any over the

preparations, creams etc)	-GP has authorised to be administered and MAR sheet is in place -appropriate assessments are in place	before passing to the person to take the medicine themselves. Includes dissolving, halving tablets using tablet cutter, opening original containers or blister packs. -Fully administer the medicine by selecting the dose and/or placing in the client's mouth as assessed	counter preparation unless authorised by the GP or other relevant prescriber
Suppositories	No (except RN's in Care Homes with nursing or individually trained care and support staff in LD services)	Assist the person with the effect of any suppositories by monitoring bowel evacuation	
Pessaries	No (except RN's in Care Homes with nursing)		
Support stockings/ anti-embolism stockings	Yes -Included as part of a care package. -appropriate assessments are in place.	Assist individuals to apply the stockings with or without the use of compliance aids as appropriate.	We won't: -apply stockings where there are areas of broken skin
Oxygen	Yes -included as part of a care plan. -appropriate assessments are in place. -training by a relevant health professional as required	-Assist the person to fit and care for the mask/ tube. -Switch on the machine as required. -Notify line manager when pressure gauge indicates the contents of the cylinder are running low	We won't: -make any decision as to when the oxygen is or is not required unless a PRN protocol is in place. -set any controls to regulate the flow of oxygen. -change oxygen cylinders
Catheter care (indwelling, suprapubic)	Yes -included as part of a care package. -monitored by DN. -appropriate assessments are in place.	-Keep the area clean where the catheter enters the body and alert any sign of infection or soreness at the entry site. -Attach day/ night bags. -Empty the bags. -Change the day/night bags. -Report any change in appearance of condition/bodily fluids no	We won't: -insert or remove catheters. -make judgements on a person's health.

		matter how small, to the DN/ manager	
Sheath Catheters	- Yes -included as part of a care package. -assessments are in place. We can	- apply external urine sheaths following instruction	
Stoma care/ Colostomy bags	Yes -included as part of a care package. -monitored by DN. -appropriate assessments are in place. -training by a relevant person has been provided.	-Promote a person's independence in the management of stoma/ colostomy care. -Support with the removal of the bag, clean the area and apply the new bag. -Report any change in appearance of the site and bodily fluids no matter how small, to the DN/ manager.	We won't: -provide assistance where there is evidence of infection or soreness to the site until appropriate consultation and process has been identified. -make judgments on a person's health.
Wound Care	Yes, by trained RNs in Care Homes with Nursing.	Care staff will monitor the patency of any dressing and report any concerns if the dressing becomes soiled, damaged or comes loose to the district nurse/nurse responsible for wound care. RNs in nursing homes will carry out wound care following would care plans and will keep wound dressing records Care workers will only carry out dressing changes under direction of registered nurse in exceptional circumstances	Care Staff won't: -make any judgements on the care required. -provide wound care when the skin is broken. -apply creams purchased by the client to the affected areas
External creams and ointments	Yes -included as part of a care package. -up to date MAR sheet in place. -Appropriate assessments are in place.	Creams and ointments may be applied onto unbroken skin. Opened creams can be used up to the manufacturer's recommended expiry date on the packaging of the medicine	We won't: -apply creams or ointment onto broken skin. -apply creams that have expired according to manufacturer's expiry dates

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Appendix B.

Template for internal medicine ordering (Care Homes and Extra Care Housing)

Care Home/EC Scheme/Supported living	
Date: (review 3 monthly or sooner if required)	
Names of current Senior Care Worker/Nurse or Manager responsible for ordering medication:	**1. Name:** **Position:** **2. Name:** **Position:**
Supplying Pharmacist(s) 1. List all that apply	**Name:** **Address:** **Telephone number: Email:**
2.	**Name:** **Address:** **Telephone number:** **Email:**
3.	**Name:** **Address:** **Telephone number:** **Email:**
GP Surgeries 1. List all that apply (use separate sheet where necessary)	**Name:** **Address:** **Telephone number:** **Email:**
2.	**Name:** **Address:** **Telephone number:** **Email:**
3.	**Name:** **Address:** **Telephone number:** **Email:**
Date of usual order: for 28 day cycle monitored dosage systems and repeat prescription	
Method of usual order: i.e.: describe how repeat prescriptions are obtained, how and when they are sent to the pharmacy	
Date of usual delivery: Describe whether you have a pharmacy delivery service, the date of	

delivery	
Receipt of Medicines: Describe method of 'checking in' received medicines and signatures required (include controlled drugs receipt procedure)	
What to do if something is missing: Describe who to contact and how to document if an ordered medication is missing from delivery	
What to do if there are errors with the order:	
Where to store delivered medicines	
How to return medicines:	
How to order medicines 'mid cycle' i.e.: where a person is prescribed a new medicine part way through the normal 28 day cycle.	

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Appendix C

Consent to destroy unwanted or discontinued medicines

I (your full name)……
authorise that you can take the following medicines to the local pharmacy or GP dispensing practice for destruction.

Medicine name	Quantity

Your signature: (If you are unable to sign this form, please get someone to sign it on your behalf)

……
Date:……

Signature of care worker:……

Please print your name:……

Date:……

For pharmacy use only:

I (Pharmacist's name):……

confirm the medicines listed above have been handed over for destruction.

Signature:……
Date:

Pharmacist's address:

2 Pharmacies should ensure that they have a robust SOP (standard operating procedure) in place to deal with the receipt of unwanted medicines from households, demonstrating all reasonable steps are taken to ensure waste is segregated and stored where practicable and appropriate. Department of Health: Safe management of healthcare waste. Version 2.0. The List of Wastes (England) Regulations 2012

Appendix D **PRN as Required Medication Care Plan**

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Persons Name:	
Name and Address of GP: Telephone Number:	
Name of Medicine:	
Reason for administration: (condition being treated i.e. signs, symptoms, type of pain, behaviours etc and expected outcome	
Date prescribed: Or, indicate if homely remedy/over the counter	
Dose prescribed: (if prescription says i or ii tablets when required specify how you determine whether i or ii should be given)	
Minimum time between doses:	
Maximum number of doses in 24 hours:	
How does the person indicate need for this medication? Consider use of MCA where applicable and use of pain scale, monitoring charts etc.	
Possible side effects:	
Special precautions/monitoring:	
Person responsible for assisting/administering PRN medication: Where non- Agincare staff are involved, Agincare cannot be responsible for this medication i.e. where family member is likely to administer between Agincare visits	
Monitor use of this medication: if requested/given at maximum dose for total of recommended continuous use period, seek medical advice. Most medicines are supplied with Patient Information Leaflet (PIL) which will provide this advice; if this is not available, seek pharmacy advice.	
Name of person preparing this care plan: Date: Signature: Review: Review: Review:	

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Appendix E

NON PRESCRIPTION MEDICATION

Confirmation of advice obtained from a pharmacist or GP to administer a non-prescribed medicine

This form must be completed in consultation with the Pharmacist (or GP) who normally supplies the person's regular medication. This can be in person or over the telephone

Name of pharmacist or GP:	
Date of conversation:	
Service User's Name:	
Care Workers Name:	

Complete either section A OR B then complete ALL of section C

Section A: People using services who request a specific medicine by name

Record the name of the medicine they are requesting below
If the Pharmacist/GP recommends a different treatment, record this below:

OR

Section B: People who have not requested a specific medicine (i.e.: they request 'something for a headache' or 'anything for a cold'

Tell the Pharmacist/GP which symptoms the person has and wants treatment for. Record these symptoms below:
Record the name of the treatment that the Pharmacist/GP recommends here:
OR: Record the pharmacist's advice to make an appointment with a GP:

Section C

Inform the pharmacist/GP of all medicines taken by the person (from their medicines chart). Confirm that you have done this in the Y/N box	Y/N
Ask the pharmacist/GP how long the person should take this treatment for before seeking further medical advice (record this time period below):	

Record the dosage directions here. Note: the Pharmacist/GP may tell you to follow the directions on the container. (Record this here)
Ask the pharmacist/GP if there any symptoms or side effects that the person could get which would need them to seek further medical attention? Record these symptoms (if any) here:
Record any other advice that the Pharmacist/GP gives you here:

Important!

Once you have received the medicine, it will need adding to the person's medicines chart (MAR) The name and form (e.g. tablets, syrup etc.) of the medicine will need adding as well as full dosage directions including PRN and the date it was added. If you are adding an item yourself, initial the chart to show who has added it. If possible, get another member of staff to check you've added it correctly and ask them to add their initials also (in home care, the next care worker to visit can counter sign the MAR to confirm it accurately reflects the instructions on the label and the advice provided in this form).

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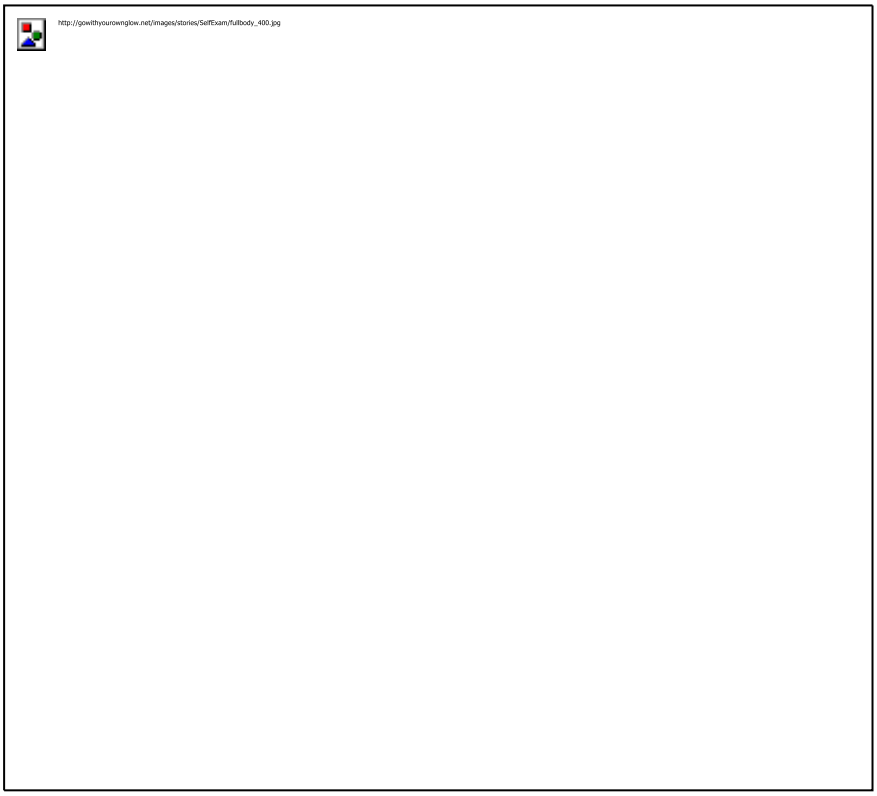
APPENDIX F

Cream Application Chart



Mark/shade the area of the body where cream is to be applied using coloured pens if appropriate (where more than one cream is to be used).

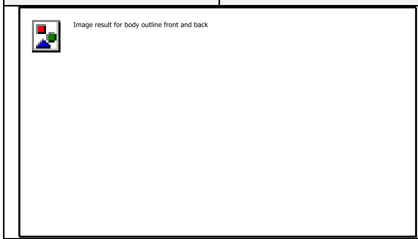
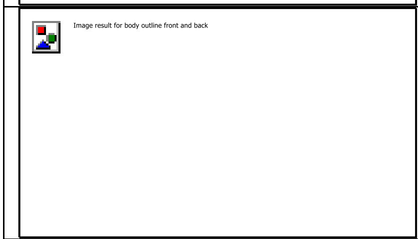
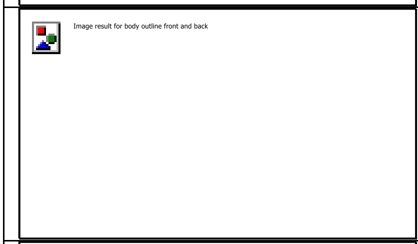
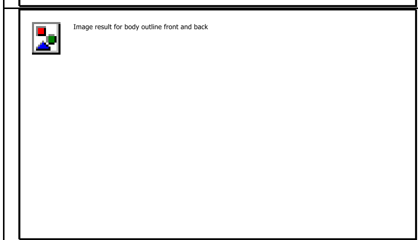
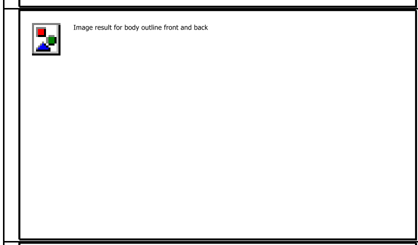
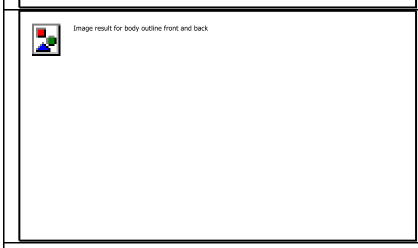
Date	**Name of cream**	**Where to be applied**	**When/how frequently**	**Colour code** (if used)

When a prescribed cream is applied always ensure the MAR chart is signed (For cosmetic or shop bought creams, refer to Person Centred Care and Support Plan)

APPENDIX G

Transdermal Patch Site Positioning Record

Name:		**DoB**	
Prescription and dose: (frequency of change) Use one chart per prescription			
Transcribed by:			
Date:			

Front	**Back**	**Removed** confirm previous patch removed	**Applied** Put a x on body map where patch applied and complete the following:
			Date: Time: Observations: Name: Sign:
			Date: Time: Observations: Name: Sign:
			Date: Time: Observations: Name: Sign:
			Date: Time: Observations: Name: Sign:
			Date: Time: Observations: Name: Sign:
			Date: Time: Observations: Name: Sign:
Always sign MAR chart in addition to completion of this form			

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PPENDIX H

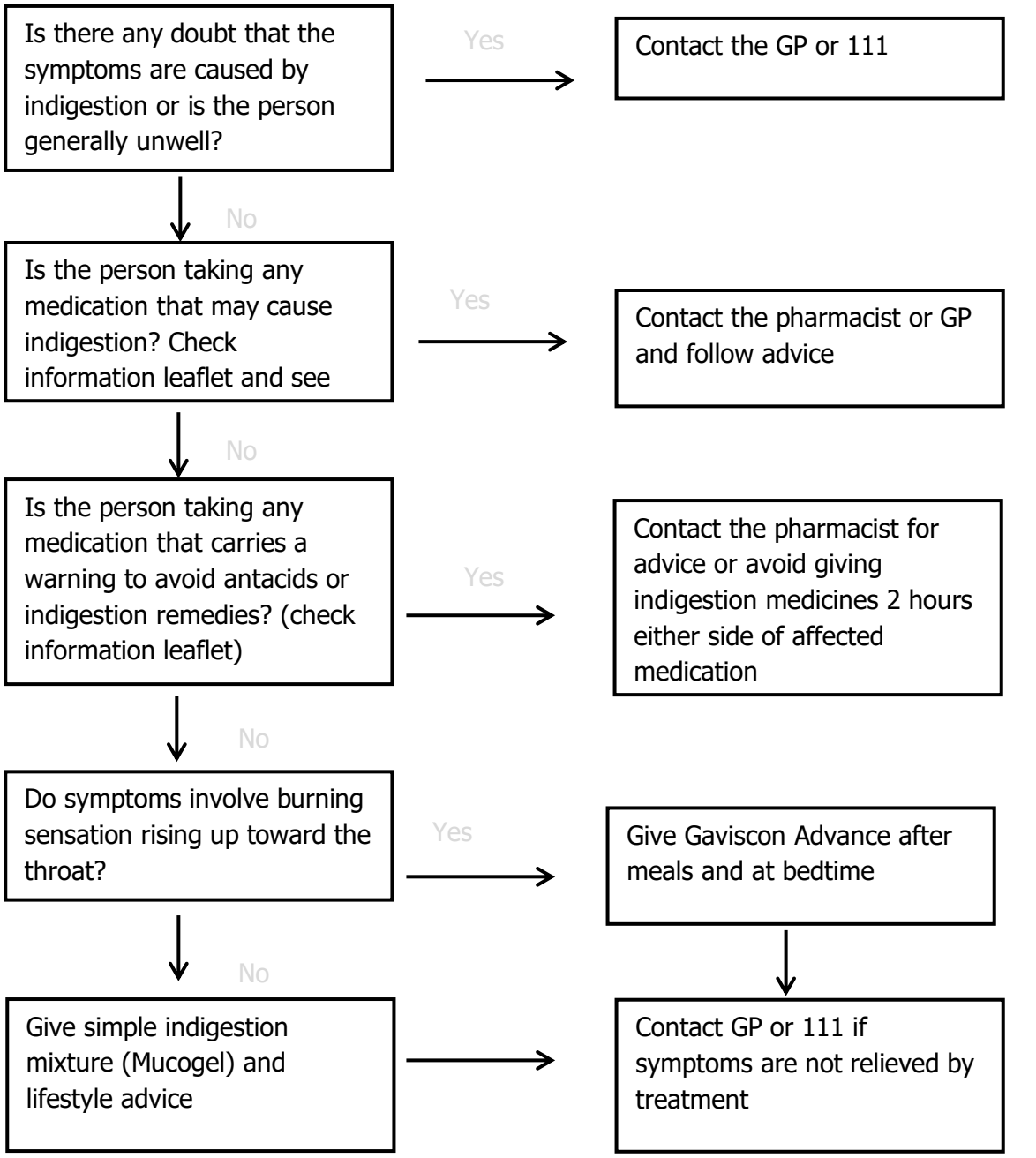
Homely Remedies flow charts

Providing a specific product to treat a minor ailment for an individual such as olive oil for treatment of ear wax is no different to a person treating themselves in their own home and can be actioned, provided the GP instructions are recorded and only apply to the individual named. The 6 charts below provide detail of some minor ailments and common treatments; each flow chart is followed by a product specification.

Chart number	Symptom	Medicines
1	Indigestion/heartburn	Mucogel (co-magaldrox) Gaviscon Advance (low in sodium at normal doses
2	Pain (mild to moderate)	Paracetamol (other medicines containing paracetamol may have been prescribed; check carefully)
3	Dry Cough	Simple Linctus for non-diabetic persons, Pavacol D or sugar free simple linctus for diabetic persons
4	Constipation	Senna, Movicol
5	Diarrhoea	Oral re-hydration therapy; e.g. dioralyte, loperamide
6	Skin problems – dry skin and scalp, sweat rash, incontinence rash, insect bites and stings NB: generally, for incontinence we would expect you to refer the person to continence advisory services and district nurse for treatment for developing skin problems associated with incontinence	E45, doublebase, Vaseline, olive oil, cocois ointment or coconut oil, calamine lotion or cream, hydrocortisone cream 1%, Cavilon cream

Chart 1
Indigestion/heartburn

Indigestion is experienced as discomfort, or a burning pain in the central chest region. When this burning rises up towards the throat it is referred to as heartburn. Flow chart for use when person has mild pain only. All cases of acute or severe pain must be referred immediately



Some medicines that commonly cause indigestion Anti-inflammatory medicines, e.g. aspirin, ibuprofen, diclofenac, naproxen, oral corticosteroids, e.g. prednisolone

Lifestyle advice: eat small regular meals, chew food well, sit up straight whilst eating, cut down on smoking, alcohol, caffeine; avoid spicy food; avoid tight clothing

Drug	**Gaviscon advance suspension**
Indication for use	Heartburn or indigestion
Strength	N/A combination product
Dose	5-10ml after meals and at bed time
Maximum dose in 24 hours	40ml in divided doses
Maximum duration of treatment as homely remedy	Up to 48 hours then seek advice of GP
Cautions	Contains sodium (4.6mmol in 10mls), avoid in hypertensives or where sodium restrictions are indicated
Additional information	Shake well before use. Sugar free so suitable for diabetics
Additional resources	BNF 1.1.2 Patient leaflet http://www.medicines.org.uk/EMC/default.aspx

Drug	**Mucogel (co-magaldrox)**
Indication for use	Heartburn and gastric hyperacidity
Strength	N/A combination product
Dose	10-20ml three times daily 20 minutes to one hour after meals, and at bedtime, or as required
Maximum dose in 24 hours	100ml daily
Maximum duration of treatment as homely remedy	Up to 48 hours then seek advice of GP
Cautions	Should not be used in patients who are severely debilitated or suffering from kidney failure. Antacids inhibit the absorption of tetracyclines and vitamins and should not be taken together. Leave at least two hours between doses.
Additional information	Shake well before use Sugar free so suitable for diabetics Must be discarded 28 days after opening
Additional resources	BNF 1.1.1 Patient leaflet http://www.medicines.org.uk/EMC/default.aspx

Chart 2
Pain (such as headache)

Has person been given any medication containing paracetamol during last 24 hours?

Remember that paracetamol is an ingredient of medicines such as co-codamol (includes Kapake, Solpadol, Zapain and Remedeine) co-dydramol, co-proxamol as well as many products purchased over the counter such as cough and cold remedies (check labels carefully). Don't forget to check liquid medicines.

YES → Paracetamol* may be given provided that the maximum dose in 24 hours is not exceeded and that it is at least four hours since the last dose.

NO → Give paracetamol suspension 250mg/5ml* For adults give 20ml per dose and repeat if necessary every four to six hours. Not more than 80ml (4 grams) must be taken in 24 hours.

NO ↓

Can person swallow tablets?

YES ↓

Give Paracetamol* tablets/caplets 500mg. For adults give two tablets per dose and repeat if necessary every four to six hours.

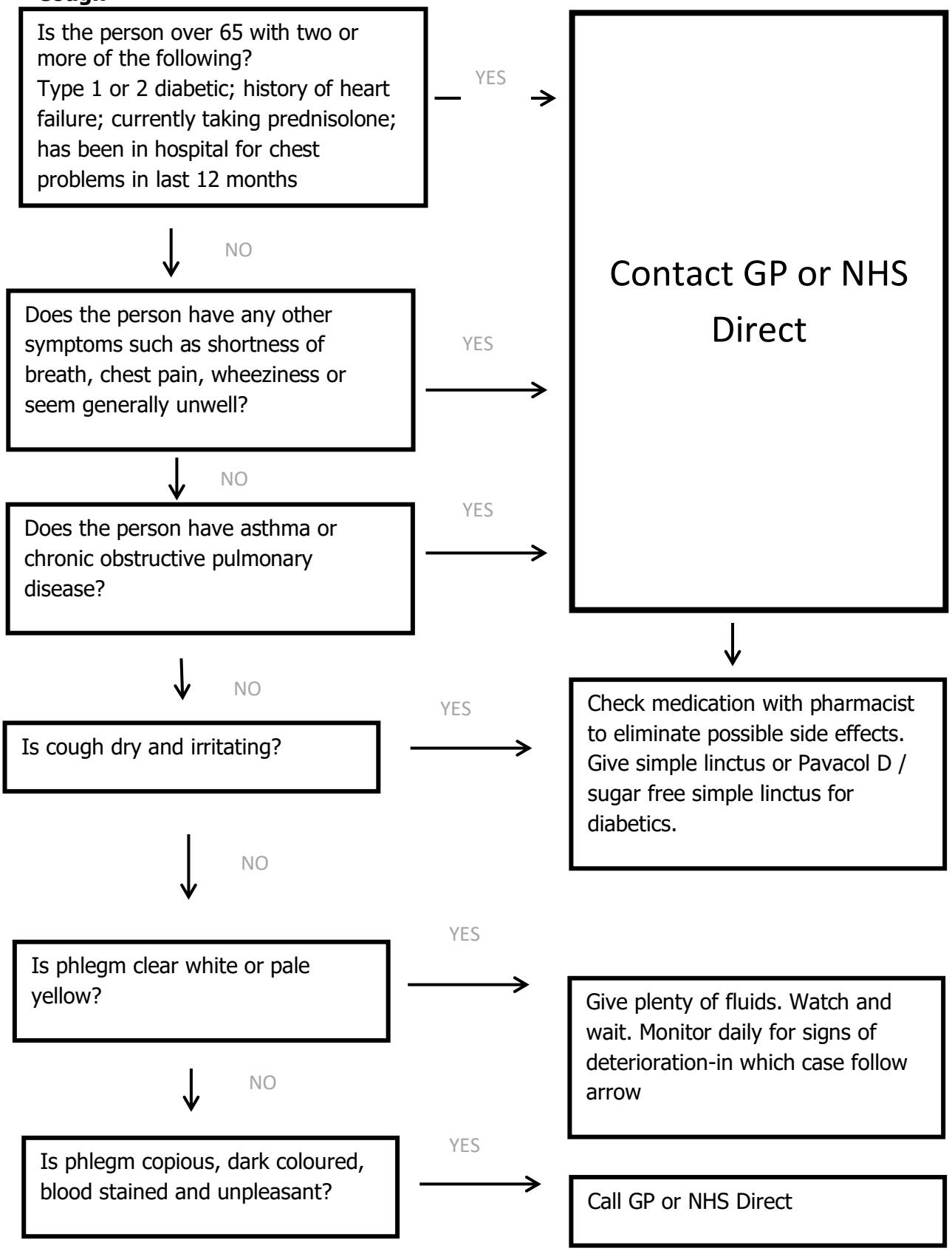
No more than eight tablets must be taken in 24 hours

Communication of pain is not always verbal. Look for facial signs, sighing, groaning, calling out, aggression and withdrawal which is out of character. Use the PAINAD or Abbey Pain Scale

Drug	**Paracetamol**
Indication for use	Relief of mild pain
Strength	500mg tablets/capsules/caplets
Dose	Two tablets up to four times a day
Maximum dose in 24 hours	8 tablets (4g) in divided doses (maximum 2 tablets or 1g in any 4 hours)
Maximum duration of treatment as homely remedy	Up to 48 hours then seek advice of GP
Cautions	Do not administer with other paracetamol containing products (check all current medication taken). Not suitable if history of severe liver disease or alcohol abuse if body weight is <39kgs, consider giving one tablet up to four times a day
Additional information	Many medicines also contain Paracetamol. If in doubt check with pharmacist.
Additional resources	BNF 4.7.1 Patient leaflet http://www.medicines.org.uk/EMC/default.aspx

Drug	**Paracetamol suspension**
Indication for use	Relief of mild pain
Strength	250mg/5ml suspension (Calpol six plus)
Dose	Four 5ml spoonfuls (20ml) up to Four times a day
Maximum dose in 24 hours	80ml (4g) in divided doses (maximum of 20ml or 1g, in any four hours)
Maximum duration of treatment as homely remedy	Up to 48 hours then seek advice of GP
Cautions	Do not administer with other paracetamol containing products (check all current medication taken). Not suitable if history of severe liver disease or alcohol abuse If body weight is <39kgs, consider giving 10ml up to four times a day
Additional information	Many medicines also contain paracetamol. If in doubt check with pharmacist. Sugar free is also available for diabetics.
Additional resources	BNF 4.7.1 Patient leaflet http://www.medicines.org.uk/EMC/default.aspx

Chart 3
Cough

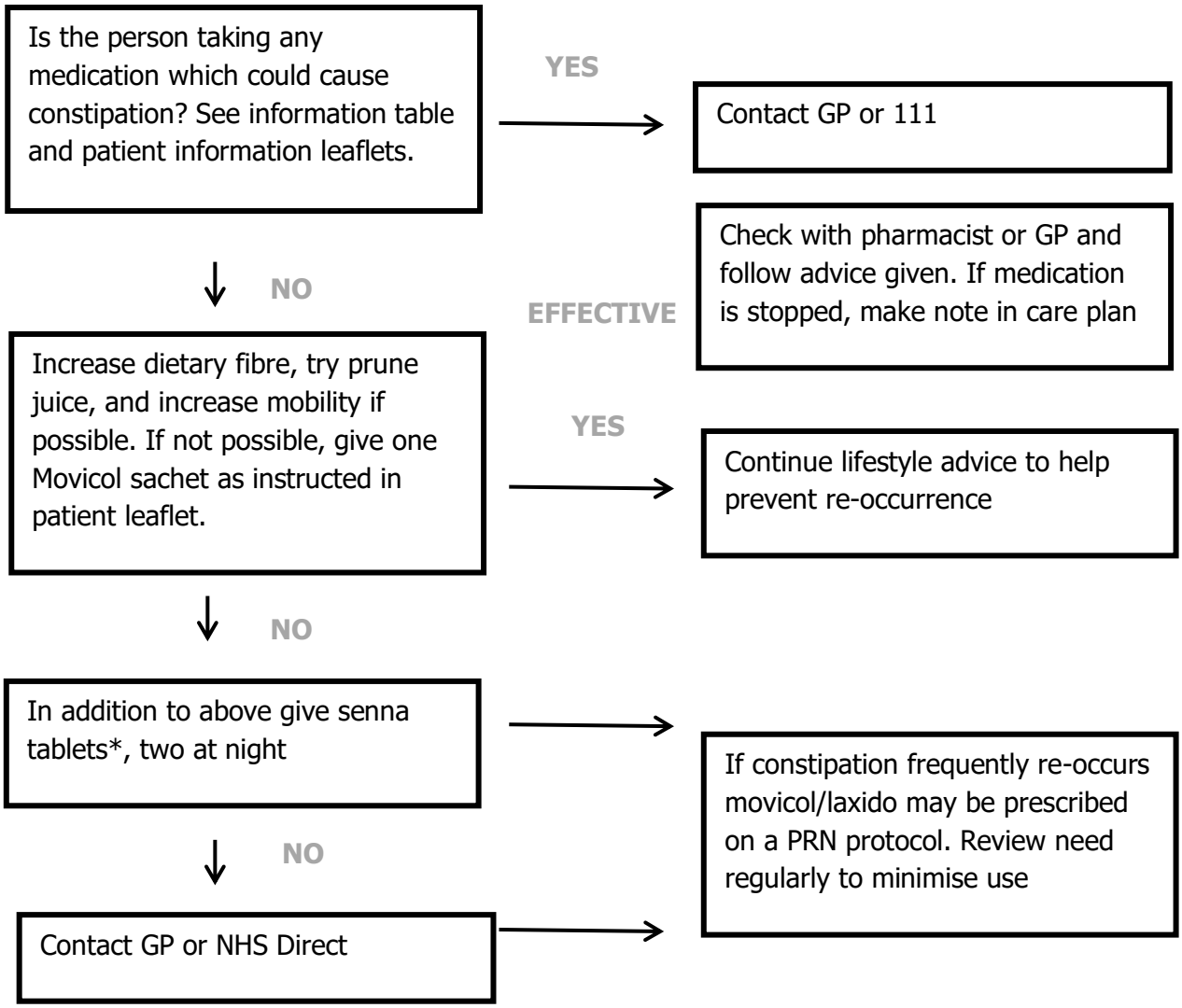


Drug	**Simple linctus**
Indication for use	For relief of occasional non-persistent cough
Strength	N/A
Dose	5-10ml up to four times a day
Maximum dose in 24 hours	40ml
Maximum duration of treatment as homely remedy	Up to 48 hours then seek advice of GP
Cautions	High sugar content, do not use for diabetics
Additional information	More soothing if taken with warm water
Additional resources	BNF 3.9.2 Patient leaflet http://www.medicines.org.uk/EMC/default.aspx

Drug	**Pholcodine linctus Pavacol D**
Indication for use	For relief of occasional non-persistent cough
Strength	5mg/5ml
Dose	5-10ml up to three or four times a day
Maximum dose in 24 hours	40ml
Maximum duration of treatment as homely remedy	Up to 48 hours then seek advice of GP
Cautions	Not suitable for productive coughs Not suitable for severe liver or kidney failure
Additional information	More soothing if taken with warm water, sugar free so suitable for diabetics
Additional resources	BNF 3.9.1 Patient leaflet http://www.medicines.org.uk/EMC/default.aspx

Chart 4
Constipation

Initial changes in bowel habits should be reported to GP. Bowel charts should be kept in care plans for monitoring purposes. Constipation in the elderly is often due to insufficient fluid intake so large glasses of fluid should be avoided. Little and often is more effective

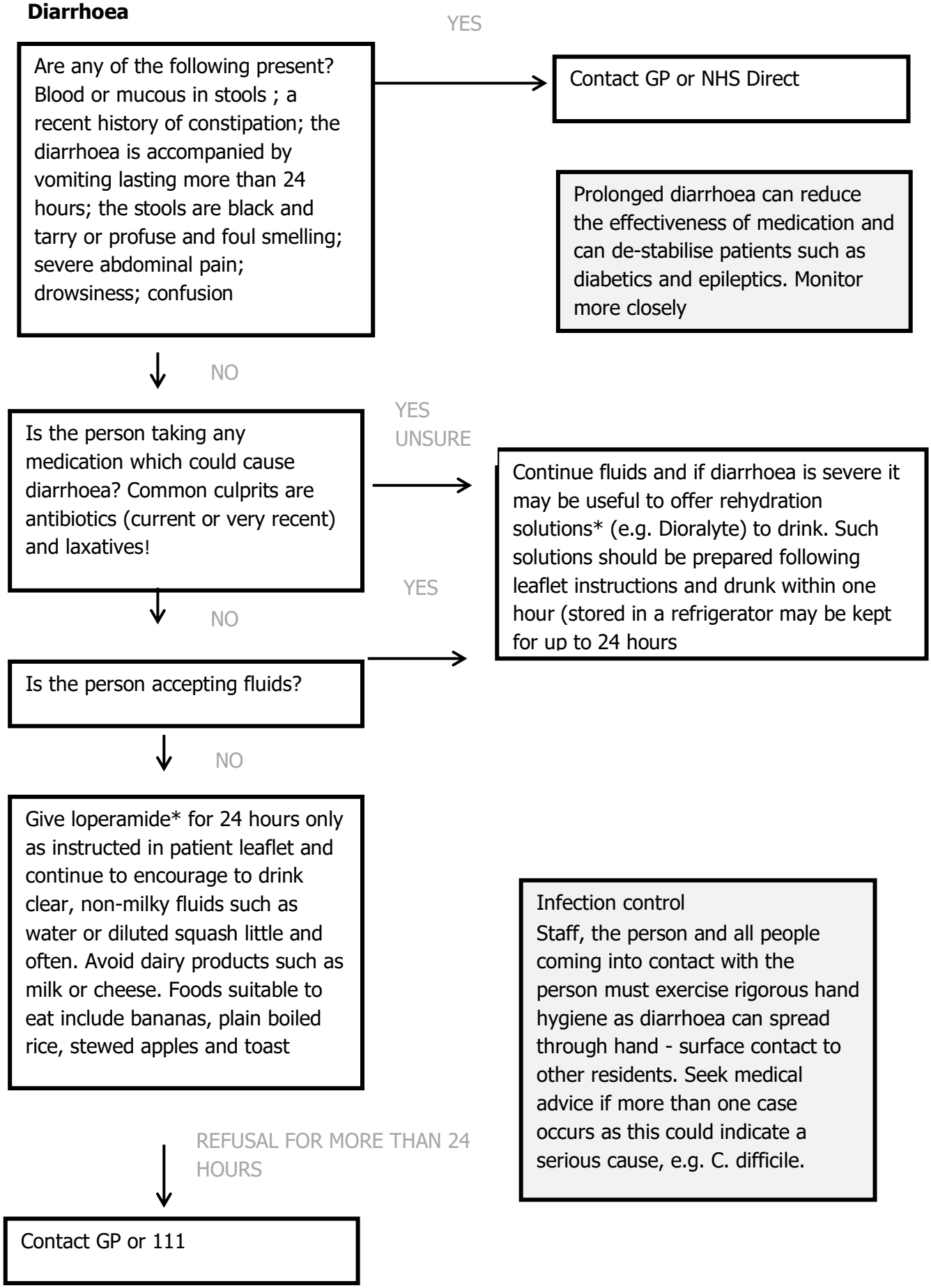


Some common drugs which can cause constipation: Indigestion remedies containing Aluminium; Antidiarrhoeals e.g. loperamide (Imodium); Antihistamines e.g. chlorphenamine (Piriton), promethazine (Phenergan); Antipsychotics; Cough suppressants e.g. codeine and pholcodine; Diuretics e.g. bendroflumethiazide, furosemide (if dehydration occurs); Iron and calcium supplements; Pain killers containing opiates e.g. codeine, dihydrocodeine, morphine, tramadol. Some antidepressants e.g. amitriptyline, dosulepin, imipramine. Some Parkinson's drugs e.g. levodopa. Some drugs to treat high blood pressure

Drug	**Macrogols '3350' Movicol sachets**
Indication for use	For relief of constipation
Strength	N/A
Dose	One sachet daily
Maximum dose in 24 hours	One
Maximum duration of treatment as homely remedy	Up to 48 hours then seek advice of GP
Cautions	As a precaution administer at least an hour after other medication. One sachet contains 65mmol/l of sodium and other electrolytes.
Additional information	Must be made up in 125ml of water (half a glass). Can be mixed with any juices of preference. Reconstituted sachets must be discarded after 6 hours if not taken. Can be chilled in fridge before giving
Additional resources	BNF 1.6.4 Patient leaflet http://www.medicines.org.uk/EMC/default.aspx

Drug	**Senna**
Indication for use	For relief of constipation
Strength	7.5mg
Dose	Two tablets at night
Maximum dose in 24 hours	Two
Maximum duration of treatment as homely remedy	Up to 48 hours then seek advice of GP
Cautions	As a precaution administer at least an hour after other medication. One sachet contains 65mmol/l of sodium and other electrolytes.
Additional information	Can cause abdominal cramps Available as a liquid also as Senokot syrup for those who cannot take tablets
Additional resources	BNF 1.6.2 Patient leaflet http://www.medicines.org.uk/EMC/default.aspx

Chart 5
Diarrhoea



Drug	**Dioralyte sachets**
Indication for use	For fluid and electrolyte replacement
Strength	n/a
Dose	One or two sachets after each loose stool
Maximum dose in 24 hours	n/a
Maximum duration of treatment as homely remedy	Up to 24 hours if refusing to drink Up to 48 hours if diarrhoea is persistent then seek advice of GP
Cautions	
Additional information	Contents of each sachet should be dissolved in 200ml of drinking water. The solution may be stored for up to 24 hours in a fridge, otherwise any solution remaining an hour after reconstitution should be discarded
Additional resources	BNF 9.2.1.2 Patient leaflet http://www.medicines.org.uk/EMC/default.aspx

Drug	**Loperamide capsules**
Indication for use	For symptomatic treatment of acute diarrhoea
Strength	2mg
Dose	Two capsules immediately then one after each loose stool
Maximum dose in 24 hours	8 capsules
Maximum duration of treatment as homely remedy	Up to 24 hours then seek advice of GP (see place in flow chart
Cautions	Dehydration risk must be addressed firs
Additional information	GP may suggest continued treatment but should be prescribed
Additional resources	BNF 1.6.2 Patient leaflet http://www.medicines.org.uk/EMC/default.asp

Chart 6

Minor skin problems

The cause of a rash is often very difficult to identify and can be associated with bacterial or viral infections. Life threatening rashes are accompanied by systemic symptoms where the patient is clearly unwell but for minor skin problems there is rarely a need for immediate referral

Disposable gloves must be used when applying any skin preparations. Dispose of gloves immediately after use and before treating another resident. Pump devices or tubes of ointments or creams are preferable to jars as they reduce risk of contamination and degradation of product. Always use a separate tube/jar for each resident. Never share

Dry skin

Dry skin often occurs in the elderly and can lead to problems (especially of the feet) if left untreated. An emollient such as E45* or Doublebase* can be tried. For continued need it can be prescribed. White soft paraffin*(Vaseline) is useful for dry lips. Dry, itchy scalps can be treated by rubbing olive oil* into scalp, leaving overnight and washing hair as normal.

Incontinence rash Cavilon* cream is recommended as a barrier cream. Sudocrem is not suitable for padded patients as it makes the pad ineffective	**Sweat rash** Commonly occurs under breasts and in groin. Keep dry and if it becomes sore and inflamed contact GP.
	Pressure areas Any sign of development of a pressure area must be referred to GP or district nurse without delay as it can rapidly deteriorate

Insect bites and stings

Bites and stings can be treated with calamine lotion* or cream*. A pain killing spray such as Wasp-Eze* may be useful especially on outings. Persons known to be allergic to wasp or bee stings must keep their emergency treatment with them at all times. If skin is unbroken and there is localised redness and itching, hydrocortisone 1% cream* can be applied. Severe swelling and redness must be referred to GP or NHS Direct

Products:

Emollients – can be used to soothe the skin, reduce irritation, prevent skin from drying and may be directly applied to skin or added to bathwater. E45 cream and Doublebase are the named emollients but there are many others and resident preference and tolerance is important. As a homely remedy the emollient should be used as a trial to address an immediate need but continued use should be prescribed. For homely remedy use, purchase small tubes and when opened only use for the individual resident. Olive oil and Vaseline (white soft paraffin) are readily available OTC products

Incontinence rash - Cavilon cream. No creams or powders should be used on residents who may at times be incontinent as this affects the absorbency of the incontinence pads. Residents with red excoriated skin should have their urine tested to exclude urinary tract infection. Residents should be washed with non-perfumed soap, dried and pad applied. Small amounts of barrier cream can be used if excoriation continues but should be reviewed. Barrier creams do not prevent pressure sores, if redness is due to pressure, pressure assessment needs to be completed. Cavilon cream® is recommended for those residents

who are faecally incontinent, as it can be applied every 12 hours and skin washed in between.

Insect bites and stings - a homely remedy treatment is used to soothe the associated irritation and itching. Complications of bites are allergic reactions, infection and cellulitis. These would need immediate referral. Look for excessive swelling and widespread hotness and redness. Calamine lotion and aqueous cream are unbranded OTC products which soothe by cooling

Drug	**Hydrocortisone 1% cream**
Indication for use	For symptomatic treatment of all insect bites and sting
Strength	1%w/v
Dose	Apply sparingly to a small area, once or twice a day
Maximum dose in 24 hours	One finger-tip unit twice in 24 hours
Maximum duration of treatment as homely remedy	Up to 48 hours then seek advice of GP(see place in flow chart)
Cautions	The product should not be used on the eyes or face, the ano-genital area or on broken or infected skin including impetigo, cold sores, acne, athlete's foot, scabies or infected bites or stings.
Additional information	GP may suggest continued treatment but should be prescribed
Additional resources	BNF 1.6.2 Patient leaflet http://www.medicines.org.uk/EMC/default.aspx

Drug	**Wasp eze bite and sting spray**
Indication for use	For symptomatic treatment of all insect bites and stings
Strength	Contains benzocaine 1% and mepyramine 0.5%
Dose	Spay locally onto skin
Maximum dose in 24 hours	Can be repeated once after 15 minutes
Maximum duration of treatment as homely remedy	Up to 48 hours then seek advice of GP (see place in flow chart)
Cautions	Do not use if you are sensitive to any of the ingredients. Do not apply to large areas of skin,

	eczematous, sunburnt or broken skin. Do not use the spray on the face.
Additional information	Hold nozzle approximately five inches from the skin and spray once for 2-3 seconds. Stop spraying immediately if a white deposit or 'frost' appears. Flammable. Do not use near fire or flame. Pressurised container. Protect from sunlight and do not expose to temperatures exceeding 50°C. Do not pierce or burn, even after use. Do not spray on a naked flame or any incandescent material. Do not use near or place container on polished or painted surfaces.
Additional resources	BNF 1.6.2 Patient leaflet http://www.medicines.org.uk/EMC/default.aspx

Ref: National Care Forum – Safety of Medicines in Care Homes

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APPENDIX I

Covert and Off Licence Medication Pharmacy advice

To request advice from the pharmacy to consider the pharmaceutical stability of medication which is needed to be given off licence, including covertly, copy the text below to an email and save the email to the person's file; when a response is received ensure care is planned around the advised method and that the plan is kept under review with the prescriber; keep a copy of the plan with the MAR chart for reference when medication is due.

Delete sections as appropriate (i.e. is it covert administration or off licence with consent?)

Dear (pharmacist)

We are a registered care provider and a person who uses our care service is registered at (insert name of GP practice); Dr (insert name) of this practice has advised the that the following medicines are necessary and that we should give them covertly as the person does not have capacity to understand the importance of their medicines; the decision to administer covertly has been recorded in their best interests.

OR

We are a registered care provider and a person who uses our care service is registered at (insert name of GP practice); Dr (insert name) of this practice has advised the that the following medicines are necessary although the person experiences swallowing difficulties and is unable to swallow tablets/capsules; the GP advises the medicines are not available in liquid form.

Name(s) of medicine: Dose:

Form (tablets or liquid):

Can you please confirm the best way to administer the medicine(s) disguised in another substance that will not compromise their pharmaceutical stability?

OR

Can you please confirm the best way to administer the medicine(s) when crushed/split capsules that will not compromise their pharmaceutical stability?

- In hot drink ☐
- In cold drink ☐
- In soft food (yoghurt/custard etc) ☐
- Foods or drinks to avoid (pH, alkaline, acidic etc.)
- Other ☐

Signed:
Date: