



ENHANCED HEALTH
IN CARE HOMES
WORKING TOGETHER TO IMPROVE QUALITY

Medicines Awareness and Administration

An introduction for people involved with the administration of medication in a residential care setting

Care Home e-learning package

The NICE Quality Standards for medicines management in care homes

- A study found more than 90% residents in long-term residential care were exposed to one potential medicine administration error/ 3 months

To improve the safe and effective use of medicines clear systems and processes are needed

- e-learning package aimed at all care home staff involved with managing medicines, delivered at a practical level, supported by case studies and quizzes (15 – 30 mins)
- 6 modules (30 – 45 mins)

MODULE 1

Common problems with medicines management

The effective management of medicines in care homes requires robust systems to be in place as well as good communication between the care home providers, residents, community pharmacies and GP practices.

- Looks at the practical aspects of the monthly medication cycle - prescribing, ordering, supply issues, receipt of stock, storage and destruction of medicines.
- Electronic transfer of prescriptions, repeat, interim and acute prescriptions
- The responsibilities we have to our patients and the role of CQC
- Discussion of healthcare professional responsibilities including GP communication and supporting non-clinical staff
- The risks in transfer of care and communication

Also available
[PrescQIPP for Care Homes](#) and log in using
the code
pqcarehomes1medonly

MODULE 2

Administration of medicines

- What are the 6 R's of administration?
- How to manage and record refused and missed doses
- Covert administration – ensuring it only takes place in the context of existing legal and good practice frameworks
- Medicines reconciliation – who is involved and what info is required
- MAR sheets – Ensuring that records are accurate and up to date

MODULE 3

Medicines waste

In this module we look at how we can reduce medicines waste in care homes. Many factors contribute to waste in care homes and a joint effort involving the care home, GP practices and community pharmacies is required. There needs to be effective systems of communication and appropriate training for all staff concerned.

- General advice to reduce waste when generating prescriptions
- Management of "when required" medication
- Liquids, creams and ointments
- Oral nutritional supplements
- Inhalers, Dressings and Continence appliances

MODULE 4

Managing controlled drugs

This module will explain the legal requirements for controlled drugs management and will try to simplify the processes.

- Ensure supply, receipt, storage, administration and disposal of CDs meets regulatory requirements
- Policies care homes should have in place to cover all processes relating to CDs
- Procedures that should be in place for identifying, reporting and reviewing errors and near misses involving CDs.

MODULE 5

Management of self-medicating residents

Care home residents should have the opportunity to make informed decisions about their care and treatment; this module will cover:

- Understanding the risk assessment process and consent required.
- Helping residents to look after and take their medicines themselves (self-administration)
- Storage and disposal
- Controlled drugs
- Compliance aids - correct processes of managing compliance aids

MODULE 6

The role of CQC and the NICE Quality Standards

It is important to understand the evidence base behind the NICE (SC1) Managing Medicines in Care Homes and the Quality Standards (QS 85) produced as these are used by CQC when they inspect homes to evidence good practice.

- Where to find the guidance
- What are the quality standards?
- What support materials are available and how to access them
- How to measure whether you meet the standards.

Regulation

Residential care services and establishments are regulated by ***the care quality commission*** with the aim of ensuring safe, effective and compassionate care which is of a high quality and encourage care services to improve

The intention of this regulation is to prevent people from receiving unsafe care and treatment and prevent avoidable harm or risk of harm

(Care Quality Commission (CQC): Regulation 12: Safe Care and Treatment 2016)

See more in module 6

What is a Drug?

An ***active*** chemical substance which, when introduced into the body can alter its functions.

Alcohol, caffeine and nicotine are all drugs.



What is a Medicine?

A medicine is the actual final preparation or product that is produced for human or animal use.

As well as containing the drug it can contain a number of other ingredients such as:

- Bulking agents
- Preservatives
- Flavourings



The above is not an exhaustive list!

For What are Medicines Used?

- **Treat** illness
- **Prevent** illness
- **Relieve** symptoms
- Keep the body working **normally**
- **Improve** the quality of life
- **Test** if someone has an illness (Diagnostic purposes)

Medicine Formulations

Form	Route
Suppository	Rectal
Pessary	Vaginal
Eye drops/ointments	Eye
Nose drops/nasal spray	nasal
Liquid medicines	Oral
Creams and ointment	Topical to Skin
Inhalers	Lungs
Injections	Intravenous/Muscular/Subcutaneous
Patches	Topical
Tablets and Capsules	Oral

From Where do we get Medicines?

- Prescribed
- Bought
- Borrowed
- Given
- From another country
- Stolen!!
- Pharmacy
- Supermarket
- Internet
- Alternative practitioner
- Health food store –
'nutraceuticals'

Classification of Medicines

The law categorises medicines into **THREE** main groups:

- General Sales List Medicines

GSL

- Pharmacy Medicines

P

- Prescription Only Medicines

POM

General Sales List (GSL)

- Can be sold anywhere e.g.. supermarkets, garages, newsagents.....
- Also known as **Over the counter** medicines (O.T.C)
- Usually have restrictions on the quantity and/or strength which can be purchased
- Used for the treatment of minor limiting conditions

Examples include: Paracetamol, Ibuprofen, Loratadine, Senna , Aspirin

Pharmacy Medicines (P)

- Can only be purchased in a pharmacy
- Will be asked a series of questions to ensure medication is appropriate
- **Not** available for self selection

Examples – Mebeverine, Esomeprazole, Co-Codamol
8/500

Prescription Only Medicines (POM)

- Can usually only be obtained from a registered pharmacy under the direct supervision of the responsible pharmacist.
- Can only be supplied using a prescription which has been completed by an authorised prescriber:

Registered Doctor or dentist

Registered Non Medical Prescriber – Advanced practitioner, Community Matron etc

Examples – Ramipril, Atorvastatin and Candesartan

Controlled Drugs(CD)

Medication which contains drugs that are controlled under the **Misuse of Drugs** legislation.

Additional controls may apply to reduce the incidence of:

- Misuse
- Illegal activity
- Harm

Examples include: Morphine, Methadone and Pethidine, Oxycodone and Fentanyl patches

Controlled Drugs(CD)

Additional regulations/restrictions may be placed on Controlled drugs in relation to:

- Storage
- Production
- Documentation
- Prescription requirements
- Supply

See more in module 4

Controlled Drugs(CD)

Classified into one of **five** schedules in accordance with regulations depending on the level of control required

- Schedule 1 has the highest level of control and drugs in this group are virtually never used in medicines e.g. Cocaine
- Schedule 5 has a much lower level of control e.g. Co-codamol 8/500mg

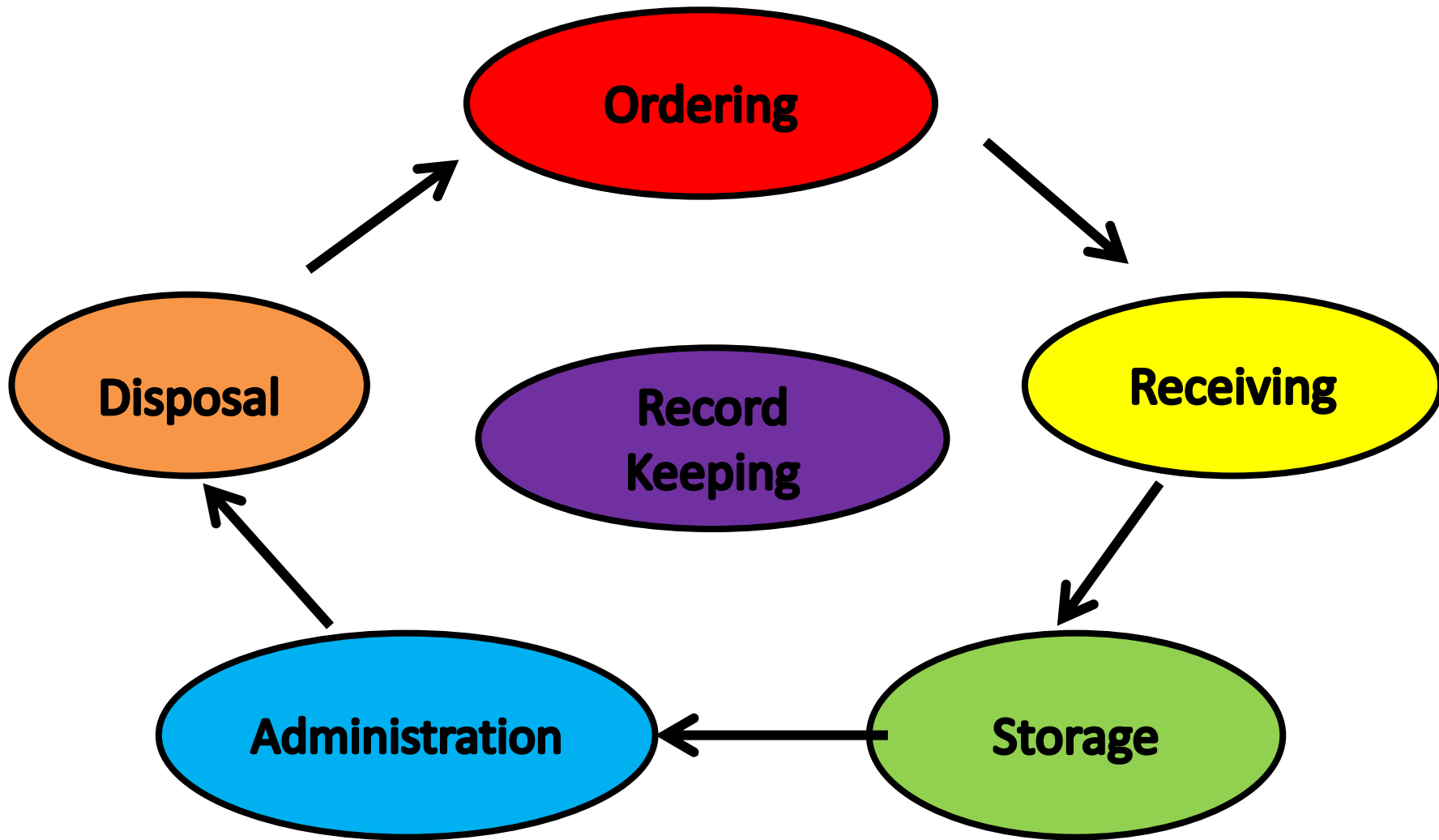
General Points

- Medicines prescribed for a person are that person's property and may not be used by another person
- Persons may not supply their prescribed medication to others
- Doses of prescription medication should not be varied without the prescriber's consent

Examples of Brands

Type of medication	Generic name	Examples of Brand name
Epilepsy	Carbamazepine	Tegretol
Modified release medications	Diltiazem	Slozem/Dilzem etc
Controlled drugs	Morphine sulfate	Zomorph/MXL etc.
Some Inhalers	Beclometasone	Clenil / Qvar

The Medication Cycle



Ordering

- **NICE recommends** that managers or a designated and trained member of staff should take responsibility for ordering of medication
- They should be given dedicated time and a place free from interruptions
- Robust ordering system needs to be in place to ensure existing stocks are checked and only required items are ordered – particular care should be taken for ‘when required’ medication, SIP feeds or food thickeners

Ordering medication SHOULD NOT be delegated to the supplying pharmacy

General Points

- Order no more than 5 days before medication is needed.
- Order all medication at the same time except 'when required' medication which should NOT be routinely ordered unless needed and can be *carried over to the next month*
- Check stock levels of dressings and catheters before ordering
- Use the same pharmacy each time to ensure an audit trail
- Keep a copy or record of order, particularly Controlled Drugs
- Some Surgeries can send electronic prescriptions direct to the pharmacy via EPS (electronic prescription service)

Waste

The most expensive medicine in the NHS is that which is wasted

- Keep medicines stocks as low as possible to minimise waste
- Waste medicines cost the NHS millions of pounds a year
- This could be better spent on much needed hip replacements, extra nurses or cancer treatments

See more in module 3

Waste Prevention – Useful Tips

- **Eye drops** – 1 bottle for both eyes is required (unless risk of infection)
- **Insulin** – Calculate number of cartridges needed per month using the number of units
- Check stop dates are not exceeded for certain medication e.g. Clopidogrel/Ticagrelor etc.
- **Food thickeners** and **Oral Nutritional Supplements** should only be ordered if needed
- Inform surgery if resident not taking medication

Inhalers – how long do they last?

Doses/ Inhaler	Doses/Day	Doses/ Month	Inhaler will Last
200	One puff twice a day	56	100 days (3 months)
200	Two puffs twice a day	112	50 days (6 – 7 weeks)
200	Two puffs three times a day	168	35 Days (5 weeks)
200	Two puffs four times a day	224	25 days (3 – 4 weeks)
120	One puff twice a day	56	60 days (8 weeks)
120	Two puffs twice a day	112	30 days (4 weeks)

Emergency Supplies

The following should be documented:

- Why the situation arose
- Action taken
- Outcome
- Advice provided by professionals contacted
- Compete and incident form when appropriate

Receiving of Medication

Medication should be checked by two members of staff (**especially CDs**) who should sign to confirm accuracy and to maintain a clear audit trail

Confirm and Document:

- Name of medication
- Strength, dose and formulation
- Name of the resident
- Quantity supplied
- Expiry date (where possible)
- Name and signatures of both individuals checking
- Date of receipt

Storage: General Points

Medication label and/or PIL provides information as to how the medication should be stored:

- Room temperature - maximum 25°C (monitored and recorded at least once per week)
- Fridge temperature - 2°C to 8°C (monitor and record daily the current, maximum and minimum fridge temperature)
- Do not overstock medication fridge
- Ensure all fridges cleaned and defrosted regularly and keep dated records
- Non prescribed (OTC) medication must always be stored separately from prescribed medication
- Record date of opening as some preparations then have a shorter shelf life e.g. eye drops, creams and some liquids

Expiry Dates

- All medicines have an expiry date
- Liquid medicines, creams and eye drops/ointments can expire quickly once opened
- Mark the date of opening on the container
- Discard eye drops and ointments after 28 days
- If there is no date of opening, check when drops were dispensed.
- If unsure discard and request a new supply
- Rotate stock so the earliest expiry date is at the front
- Set up a monthly reminder system to check expiry dates

Medicines Administration Record (MAR) Charts

- Patient details (name, D.O.B, address, GP, weight)
- Name and formulation of medication
- Route of administration
- Strength and Dose
- Frequency of administration
- Any additional information/instructions, e.g. to be taken after food etc.
- Allergies and type of reaction
- Start date
- Quantity

See more in module 2

MAR Charts

- Record all medicines received, administered, not taken, discontinued and disposed of
- Official, legal records suitable for use with original packs
- All items, including non-prescription medicines should be listed
- Electronic MAR systems and software may only allow one person to make amendments. Good practice would suggest a second trained staff member double check and sign any amendments made on the eMAR

Self Administration

NICE Quality Statement 3: Self-administration states that 'people who live in care homes are supported to self-administer their medicines if they wish to and it does not put them or others at risk.'

- Clearly document on MAR chart which medications are self administered and which are administered by staff (including CDs)
- MAR chart does NOT need to indicate each dose taken if the medication is **self administered**

See more in module 5

Record Keeping

Accurate and robust record keeping is essential to

- Maintain communication and an audit trail
- Prevent errors and ensure high quality care
- Controlled Drug administration should be witnessed by a second member of staff and **both** staff should sign the CD register **AFTER** administration
- If CDs are no longer required, expired or wasted they should be disposed of according to organisational policy and documented in the register
- The running balance of CDs must be updated and the register must not be altered or entries crossed out. Corrections must be made as a foot note and should be signed and dated.

Service User Care Plan

An agreement between service user, health professionals and/or social care services to ensure that the individual's daily health and/or care needs are met and documented.

Different types of care plans exist and some are more complex than others. The plan can be a separate written document or the plan can be documented in the patient notes.

The plan should cover a number of aspects of care.

Key Security

- Keys for the medicines room, medicines cupboards, CD cabinet and medicines trolley should always be kept on the designated responsible person and never left unattended
- The keys should be personally handed over to the next designated responsible person at the start of their shift
- Always double check before leaving the medicine room that the key has not been left in the cupboard
- Should be separate from other keys and not part of the master keys

Disposal of medicines

Care home providers should have a clear process for the prompt removal and disposal of:

- Medicines that exceed requirements
- Unwanted medicines (including medicines of any resident who has died)
- Expired medicines

Compliance Aids

Help individuals to administer their medication

- Non-CRC tops
- Haleraid
- Autodrop, tablet splitters
- Tablet crushers
- Reminder charts/calendars
- Blister packs/Monitored dosage systems (MDS)
- Spacer devices - Volumatic
- Pill poppers

Blister Packs/ MDS

Should only be used following an appropriate assessment by a pharmacist and after other options have been exhausted because

- Original packs are the safest way to administer medicines
- Some medication cannot go into blister packs due to stability or legal reasons
- What about 'when required medication', liquid medication, creams, inhalers etc..?

Adverse Drug Reactions (ADRs)

- Can be harmful and are commonly known as side effects
- The unwanted effects of taking medicines
- **About 6–7% of hospital admissions in the UK are due to ADRs.**
- Sometimes may be due to a combination of medicines (***Interaction***)
- Some can be unpredictable e.g. Anaphylactic allergic reactions
- Listed in the Patient Information Leaflet (PIL)

Consent

- A person must give their permission before they receive any form of medical treatment
- This must be clearly documented in the care plan
- Consent should also be gained at the time of administration
- Can be verbal or non verbal (as long as the resident has capacity)
- Exceptions – where covert administration is in place

See more in module 2

Confidentiality

Rule 1 – Information about a service user should be treated confidentially and respectfully

Rule 2 – Members of the care team share confidential information only when it is needed for safe and effective care of the service user

Rule 3 – Information shared for the benefit of the community must be anonymised

Rule 4 – An individual's right to object to the sharing of information should be respected

Rule 5 -Organisations should have policies, procedures and systems in place to ensure the confidentiality rules are followed

Assisting with Medication

Is when:

- The resident is able to self medicate, in control of their medication and able to instruct or direct what should be done but may need general assistance
- Ordering or picking up prescriptions from the GP surgery and when collecting dispensed medicines from the pharmacy
- Bringing packs of medicines to a person so that the person can take the medicines – can includes opening bottles or packaging, including Multi-compartmental Compliance Aids and reading labels and checking the time at ***the request of the resident who is going to take the medicine***
- Ensuring the individual has a drink to take with his or her medication

Administration of Medication

Is when:

- A resident **does not** have the ability to take responsibility for their medication and can be for a number of reasons, e.g. visual/physical impairment, learning disability etc.
- The level of support can vary over time and can depend on the medication (should be individually assessed)
- Carers are expected to **administer or offer** the medication **without being instructed** to do so by the person to whom the medication belongs

Examples of medication administration

- Deciding which medicine(s) have to be taken or applied and when this should be done
- Being responsible for selecting the medicines
- Giving the service user medicines to swallow, apply or inhale.
- Giving medicines where a degree of skill is required to be exercised by the carer to ensure it is given in the correct way

Specialist Administration

Medications which require specialised techniques of administration.

Examples include:

- Rectal administration of suppositories
- Administration of Insulin
- Administration through a Percutaneous Endoscopic Gastrostomy (PEG) tube

Usually administered by trained healthcare professionals

Prompting

Occurs when the resident:

- Is assessed as being able to self medicate and being in control of their medication
- Needs an **occasional** reminder to take their medication (E.g. by highlighting the time)
- If regular prompts are required, review the resident as soon as possible to determine whether they still have the capability to manage their own medication as it may highlight the need for medication administration support

NB - The individual will make the decision to take or not to take the medication and the carer must be aware of when each medication is due to avoid errors

General Points

- Residents must **consent** to any support which is offered and this support must be clearly documented in the care plan and reviewed on a regular basis
- Daily ongoing documentation must be completed. (MAR charts, notes etc.)
- Organisations are responsible for ensuring that staff are competent to provide the support that is required and must provide carers with the correct training to carry out their duties
- Carers have the right to refuse to provide support if they feel they are not competent and where carers are expected to carry out specialist administration they must be trained by the relevant health care professional who must be satisfied that they are competent

Homely Remedies

Medicinal products for the treatment of short-term minor ailments and are either GSL or P medications that can be purchased over the counter

They can be used to treat residents **where the GP has provided written agreement following review of the resident's medical records**

- **Service user consent must be documented**
- Staff who give homely remedies should be named in the homely remedy process
- Staff should sign to confirm that they have read and understood the process and have the skills required to safely administer the medication
- They must also understand that they are accountable for their actions

Process

- Only medication listed and purchased by the care home for Homely Remedies can be used and administered without a prescription
- The policy and individual resident's documentation should be reviewed on a regular basis
- If there is ever any doubt about the suitability of a homely remedy, advice should be sought from the pharmacist and/or GP, even if a written agreement already exists
- The advice provided and where applicable reasons for not administering the medication should be fully documented.
- Records should be maintained with regards to purchasing, administration, storage and disposal of homely remedies

Safety Point!

- Checks must be made to ensure that there is no duplication of medication between their prescriptions and their homely remedy agreement e.g. Paracetamol and Co-codamol
- Homely remedies should **NOT** be administered on a regular basis
- If the resident often requests or needs a homely remedy, the manager should be informed and should inform the resident's GP and request a medication review

Dispensing Labels

Should include:

- Resident's name
- Dispensing pharmacy
- Date of dispensing
- Medication name (as on the prescription)
- Strength of medication
- Quantity supplied
- Dose and frequency of administration
- Any cautions and warning messages

Unclear Directions

Instructions such as 'As directed' or 'When required' are not sufficient for safe administration of medication

Clear and precise directions must be provided and documented to enable medication to be administered as intended

Exceptions exist where dosing may vary. E.g. Warfarin, Insulin etc.

When Required Medication (PRN)

The following must be clear:

- When medication is to be administered, i.e. back pain
- The amount (dose) to be taken
- The minimum dosing time interval must be stated
AND
- The maximum amount (dose) per day must be stated

e.g. - Take one to two tablets every four to six hours when required, up to a maximum of 8 tablets in 24 hours. For relief of back pain

When required medication should be only offered WHEN NEEDED and not only during the course of a medication round

When required, the following should be recorded in the care plan:

- Symptoms for PRN medication and expected outcomes
- Whether the resident can identify if they need the medication
- If variable dose, how to decide what to administer
- Details of monitoring requirements and frequency of review

MAR charts should document exactly when and what dose was administered

To ensure that PRN medication remains appropriate, the following should be monitored:

- Side effects
- Any deterioration in the resident's condition
- Lack of benefit from the medication
- Frequency of required administration

Warning Labels

Provide additional information regarding the medication.

Examples include:

- This medicine may colour your urine. This is harmless
- This medicine may make you sleepy
- Dissolve or mix with water before taking
- Do not drink alcohol
- Take 30 to 60 minutes before food

Errors, Near Misses and Incident Reporting

Errors and near misses may occur during prescribing, dispensing, preparation, administration or monitoring of medications as well as when medication advice is provided

It is imperative to record these incidents in order to:

- Identify trends in the type of errors/near misses
- Identify the cause of the incident
- Learn from the incident
- Reduce the risk of it occurring again
- Identify training needs

- Incidents and near misses must NEVER be ignored and should be reported to the line manager who should seek guidance from the pharmacist, GP or Out Of Hours service
- An open culture of incident reporting should be encouraged
- A record of all communication and advice provided must be documented and if appropriate the emergency services should be contacted
- Documentation should include any steps taken to prevent a reoccurrence of the incident and a copy should also be retained in the resident's record
- Local reporting policies and procedures should be followed and where appropriate external organisations such as contractors and regulating bodies should be informed

**The service user or their
representative must ALWAYS be
notified of the incident with a full
explanation**

6R's of Safe Administration

- RIGHT time
- RIGHT service user
- RIGHT medicines
- RIGHT dose
- RIGHT route
- RIGHT to refuse

- See more in module 2

Summary

Medicines must be managed within the framework of the law and be used in a safe manner and treated with care and respect

By noticing problems when administering medicines, residents will be better supported

Remember check and check again!