Bolton Council

Children Services
Social Care

Policy Procedural Document

PPD (07)61

Medication Policy: Safe Storage and Administration of Medication in Children's Social Care Services

CONTENTS

1. INTRODUCTION

1.1 This policy replaces previous guidance on the administration of medicines within council run children's homes in Bolton, including those specializing in short break care for disabled children and young people, with the exception of any policies for administering medication by specialised techniques, e.g., insulin by injection or medication via gastrostomy.

1.2 It also relates to children's domiciliary care services regulated by the Care Quality Commission (CQC).

1.3 The policy refers to all services unless otherwise stated.

2. THE PURPOSE

2.1 To give clear guidance to all staff, including agency and bank staff, those working in children's residential and domiciliary care services and short break care outside of the home involved in all aspects of medicine management.

2.2 To ensure unified procedures are undertaken with regard to medication.

2.3 To meet all legal requirements and the standards prescribed by the CQC/Ofsted.

3. ADVICE ON MEDICINES

3.1 Standard 10 of the National Service Framework for Children (2007) states that children, young people, their parents or carers, and health care professionals in all settings make decisions about medicines based on sound information about risk and benefit. They have access to safe and effective medicines that are prescribed on the basis of the best available evidence

3.2 Advice on medicines can be obtained from any community pharmacist, young person's GP or pediatric consultant or prescriber.

4. PRINCIPLES OF GOOD PRACTICE

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

4.2 The primary responsibility for the prescription and management of medication rests with the GP in consultation with other members of the primary care team and his/her patient. However, everyone involved in caring for a young person is responsible for ensuring that his or her medication is well managed. Whoever gives medication must ensure that it is administered according to the prescriber's written instructions and recorded and signed each time it is administered, or an appropriate code included if the medication is not taken.

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

4.4 Consent must be obtained for the administration of medication and this consent should be documented in the placement/ support plan. Children can give consent themselves provided they are Gillick/Fraser competent, or the parent or guardian can consent if they are not **(see appendix 1)**. Young adults over 18 in receipt of services from Children's Services should have their capacity to consent assessed by a member of staff authorised to do so.

4.5 Medication should not be disguised unless for specific agreed reasons and under the guidance of a medical practitioner. If it is necessary for medication to be disguised i.e., it is in the best interest of the child/young person a risk assessment would need to be completed. Medication should never be forcibly administered by local authority or health staff under any circumstances.

4.6 Any refusal to take medication should be recorded and appropriate advice sought from the GP or prescribing practitioner. Any unused or discarded medicines must, whenever possible, be returned to the community pharmacy

4.7 Local Authority employees, when involved in providing support and assistance to young people, must only carry out duties in accordance with their authority and training.

4.8 Local Authority employees must not make clinical decisions/judgments regarding the administration of medication. The procedures do not cover every possible situation that may arise. Where support staff has any doubt about the action to take, the line manager, young person's GP and/or prescriber, and parent or nominated person, should always be consulted.

4.9 Where a young person self-administers their own prescribed medication, and the support worker is concerned about his or her ability to manage their own medication, the support worker must report this to their line manager or other duty manager within 24 hours. This information must be recorded in the young person's file.

4.10 Support staff should only administer medication from the original container, dispensed and labelled by a pharmacist. This includes monitored dosage systems and compliance aids. Support workers cannot administer medication from family filled compliance aids.

4.11 Staff should have a basic understanding and awareness of the medication they are administering and be aware of any well-known side effects.

4.12 Residential staff must take full responsibility for their own personal medication. Young people must not be put at risk by staff leaving their own medication lying around.

4.13 Young people should be helped to understand about their medicines. Staff should use information relevant to their age and understanding to enable them to have as much control as possible even if they are not able to administer their own medication. Three workbooks produced by the Medication Matters project: 'All my Medication', 'How to make choices about taking medication' and 'My Medication' designed originally with adults with learning disabilities are available to use (see **appendices 2, 3 and 4)**. Children and young people with limited understanding e.g., those with a learning disability may require adult guidance to complete them or a parent/carer may need to complete them on their behalf.

4.14 Pharmacy labels on medication containers must never be altered. In the event of a discrepancy advice must be sought from the GP or pharmacist.

5.1 DEFINITIONS FOR LEVELS OF SUPPORT

These definitions are according to the CQC and may be different to common understanding within social care services. They have been adapted to apply to all social care services provided by Bolton Council.

5.1.2 The need for medication to be administered and the level of support required should be identified as part of a multi-disciplinary assessment. The assessment is overseen by the relevant service line manager and is recorded in the young person's care or placement plan along with any subsequent reviews.

5.1.3 Care managers must undertake training to enable them to assess the service users' needs with respect to medicines prior to admission to the service. If the needs of the person change then a reassessment of their needs must be undertaken.

5.2 Level 1: General Support – Children's Homes

General support is given when a competent young person takes responsibility for their own medication. This includes:

- Requesting repeat prescriptions from the GP
- Collecting medicines from the community pharmacy/dispensing GP surgery

- Disposing of unwanted medicines safely by return to the supplying pharmacy/dispensing GP practice (when requested by the service user)

- An occasional reminder or prompt from the care worker to an adult or young person to take their medicines. (A persistent need for reminders may indicate that a service user does not have the ability to take responsibility for their own medicines and should prompt review of the service user 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 service user and when the support worker has not been required to select the medication.

5.2.1 In some cases young people can retain independence by using 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.

The compliance aid should be filled and labelled by the community pharmacist or dispensing GP.

5.3 Level 1: General support - Domiciliary Care

5.3.1 When children are supported by the family support service, parents or guardians will normally assume responsibility for the child's medication.

5.3.2 The support worker may provide general support to the parent or guardian as outlined above. This may occur as a result of a request from the parent or guardian but also includes situations where the support worker reminds or prompts the responsible adult to give medication to a child.

5.3.3 In some rare cases the parent or guardian cannot prepare medication for administration and the assessment should identify that a care worker takes responsibility for this task. The young person must agree to have the medication and this consent should be documented in the service user plan.

5.4 Level 2: Administering Medication – Children's Homes

5.4.1 An assessment may identify that the young person is unable to take responsibility for his/her own medicines and needs assistance. This may be due to lack of understanding due to age or impaired cognitive awareness but can also result from a physical disability.

5.4.2 The person must agree to have the care worker administer medication and consent should be documented in the person's plan. If person is unable to communicate informed consent, the prescriber must indicate formally that the treatment is in the best interest of the individual. (Reference Department of Health document 'seeking consent: working with people with learning difficulties').

5.4.3 Administration of medication may include some or all of the following:

- When the support worker selects and prepares medicines for immediate administration, including selection from a monitored dosage system or compliance aid.
- When the support worker selects and measures a dose of liquid medication for the service user to take.
- When the support worker applies a medicated cream/ointment: inserts drops to ear, nose or eye; and administers inhaled medication and nebulisers. (Further training may be required for an individual nebuliser)
- When the support worker applies a transdermal patch
- When the care worker selects the number of units required for an insulin pen as directed by the person, for the person to then administer themselves (the care worker cannot administer the insulin, this is a level 3 task)

5.4.4 The need for assistance with medication should be identified as part of a care assessment and recorded in the young person's care or placement plan.

5.4.5 There should be a system in place to ensure that only competent and confident staff are assigned to service users who require assistance. Procedures should enable support workers to refuse to administer medication if they have not received suitable training and do not feel competent to do so. Any refusal to administer medication by a member of staff must be reported immediately to a duty manager. A thorough investigation should be carried out to resolve the issue.

5.4.6 Support staff should only administer medication from the original container, dispensed and labelled by a pharmacist. This includes monitored dosage systems and compliance aids. Support workers cannot administer medicines from family filled compliance aids or fill compliance aids themselves.

5.5 Level 2: Administering medication - Domiciliary Care

5.5.1 In some rare cases the parent or guardian cannot administer medication to the child and the assessment should identify that a support worker takes responsibility for this task.

In this case support will be indicated as above.

5.6 Level 3: Administering Medication by Specialised Techniques

In exceptional circumstance and following an assessment by a healthcare professional, a support worker may be asked to administer medication by a specialist technique including:

- Rectal administration, e.g., suppositories, diazepam (for epileptic seizure)
- Insulin by injection
- Administration through a Gastrostomy device.
- Administration through a Naso-Gastric tube.
- Buccal administration e.g., midazolam
- Epinephrine (adrenaline) by epipen

5.6.1 If such tasks are to be delegated to a support worker, an appropriate health care professional must train the support worker and, in conjunction with a line manager, be satisfied they are competent to carry out the task.

6. YOUNG PEOPLE WHO WISH TO ADMINISTER THEIR OWN MEDICATION

6.1 It should be acknowledged that competent young people have the right to administer their own medication. It must be agreed between the young person and a relevant manager that they take on the responsibility, this should be recorded in a placement/ support plan and a risk assessment completed.

6.2 Written records about this choice should be kept. This should include a signed agreement from the young person or their representative, accepting responsibility for managing their own medicine.

6.3 When assessing if young people are able to self-administer, or to determine the level of support they need, managers and key staff should discuss with some or all of the following:

- Young person
- Carer/relatives/advocates
- Social worker/key worker
- Support staff
- GP
- Consultant
- Specialist nursing staff
- Relevant nursing team
- Community pharmacists
- Any other relevant person involved in the young person's care.

6.4 Changes in a person's ability to self-administer should be reported for review within 24 hours to the relevant manager and recorded in the young person's records.

6.5 This process must ensure that the child / young person understand that medicines must be kept safely and that appropriate lockable facilities are provided to do this.

7. EQUALITY AND DIVERSITY

7.1 Young people may have certain preferences relating to equality and diversity. These should be recognised at the assessment stage.

Examples are:

- The medicine is provided in a gelatin capsule and the child is vegetarian.
- The young person prefers to have medicines given to them by a member of the same sex.
- The young person observes religious festivals by fasting and prefers not to have medicine given at certain times.

8. CAPACITY

8.1 Any assessment of capacity must refer to Bolton's Multi – Agency Mental Capacity Act & Deprivation of Liberty Safeguards Policy & Procedural Guide 2009.

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

9. CONSENT

9.1 It is the responsibility of the relevant manager to obtain the consent of the young person or the young person's representative or organisation with parental responsibility when it has been identified that they need assistance to administer their medication. Only a person who has capacity to make this decision can give consent.

9.2 This consent should be recorded on a consent form and kept with the placement, support plan.

9.3 Competent young people must be able to get advice and help to reach an informed decision. They must not be coerced, or authority used as a means to gain consent.

9.4 If a young person or their parents refuse authorisation and the manager considers that this places the young person at risk, the refusal should be reported to the GP or consultant pediatrician for further advice

10. COVERT ADMINISTRATION

10.1 There may be exceptional circumstances in which covert administration may need to be considered to prevent a young person missing out on essential treatment. A multi-professional team plus carers and relatives of the service user must undertake the decision. The decision taken should respect any previous instructions given by the young person and family and be recorded in the placement, support plan with a date for review.

10.2 The mechanics of crushing medicines may alter their therapeutic properties rendering them ineffective and the medicine would not be covered by their product license. Medicines should not routinely be crushed unless a pharmacist advises that the medicine is not compromised by crushing and crushing has been determined to be in the child/ young person's best interest.

10.3 A young person under the age of 16 is deemed to be capable of consenting to treatment if, in the opinion of the medical practitioner attending him or her, he or she is capable of understanding the nature and possible consequences of the treatment. It follows that where a young person under the age of 16 refuses a medicine and is deemed able to understand the nature and possible consequences of that refusal, then the medicine must not be administered covertly, even if the parents agree.

10.4 Where a young person under the age of 16 is deemed incapable of understanding the nature and possible consequences of the treatment, then the medicine may be administered covertly, provided parental consent is obtained or consent of the adult who has parental responsibility is obtained. If this consent is not forthcoming, for example, where the parent or adult with the parental responsibility is absent or is not thought to be acting in the best interests of the young person, the medicine may be given covertly if it is thought to be essential by the medical and nursing staff responsible for the young person's

care and wellbeing.

10.5 Children of 16 or 17 are presumed to be able to consent for themselves, but the parents or those with parental responsibility may override the refusal of a child of any age up to 18. In exceptional circumstances, it may be necessary to seek an order from the court. Child minders, teachers and other adults caring for the child cannot normally give consent.

11 PHARMACY

11.1 Many pharmacists now participate in a scheme to provide printed MAR sheets. If the assessment has indicated that the young person requires support at level 2 then it may be confirmed with the pharmacy dispensing the medication that they are participating in the scheme.

11.2 If printed MAR sheets are being used this should be noted in the placement/support plan, these will be produced by the pharmacist at the time of dispensing

11.3 If compliance aids are used the arrangements for filling these should be included in the placement/ support plan.

12 MEDICATION MANAGEMENT

12.1 Level 1 – General Support

Staff will support young people who are competent and wish to manage their own medication but need general support as defined in section 5 above. The relevant manager should ensure that the young person understands and accepts responsibility for the process.

12.2 Level 2 – Administering Medication

General principles

12.2.1 This policy is based on the 'six rights'

- ➢ <u>The right person receives</u>

- Check child's name against the placement plan, medication and MAR sheet.
- A photograph of the child must be present to confirm identity. This should be taken upon admission to the care setting dated and reviewed or updated annually
- Registered managers must ensure that medicines prescribed for a child are not used by any other child.

- ➢ <u>The right medicine</u>

- Check child/ young 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

- ➢ <u>The right dose</u>

- Check that the dose on both the MAR chart and medication label match (dose is the amount of medication to be given to the child/ young person)
- That the dose has not already been administered by checking the MAR chart- if there is a discrepancy the homes manager, key worker, or the pharmacist 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

- ➢ <u>Via the right route</u>

- Check the way in which the medication is to be administered
- Nutritional feeds can be administered by other routes specified within the placement plan by employees once received training from a health professional.

- At the 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'.

- Persons right to decline

- The child/ young person has the right not to take the. Do not give the medication if one or more of the above rights is incorrect. Seek further guidance, initially from your line manager.

12.2.2 There are two additional 'rights that should be considered when administering medication

- The right procedure
- The right documentation

12.2.3 Only designated, appropriately trained workers can carry out administration of medication. They must be trained to level 2 (see training section) and mentored by a senior worker until competent and confident to administer. If a staff member has not received training or does not feel confident, they should refuse to administer medication.

13 MEDICATION MANAGEMENT AND RESPONSIBILITY

13.1 The support worker should not undertake any duties which fall within the responsibility of a GP or nursing staff

13.2 Children's services staff, with the exception of qualified nurses trained in the following specialised techniques, may **not** administer medication:

13.2.1 Into the vein (intravenously)
13.2.2 Into a muscle (intra muscular). There is currently one exception to this, see epinephrine in 5.5 above.

14 YOUNG PEOPLE DISCHARGED FROM HOSPITAL

14.1 Young people discharged from hospital may have medication that differs from that already in the home, which they had before admission. The relevant manager and key staff should clarify with the hospital ward which medicines should be used.

15 YOUNG PEOPLE ADMITTED TO HOSPITAL

15.1 If a service user is admitted to hospital all medication should be sent with them and a photocopy of the MAR sheet.

16 MEDICATION ADMINISTRATION RECORD (MAR)

16.1 Formal documentation for administration of medicines is necessary for ALL young persons in care homes and services where support workers are responsible for all aspects of medicines management.

16.2 In care homes and services where support workers are responsible for all aspects of medicines management. MAR sheets should be used to record all medicines received, administered and disposed of.

16.3 Poor records are a potential cause of preventable drug errors. Printed MAR sheets are not essential, but they reduce the risk of error and are therefore preferable to hand written charts. If a hand written MAR is used there must be a robust system to check that the MAR is correct.

16.4 This must include, whenever possible, instruction for a second member of staff to check and initial that the MAR is correct before it is used.

16.5 Staff should not construct charts by sticking duplicate medicines labels onto a blank chart.

16.6 The support worker must confirm that a dose has been administered by entering their initials in the appropriate box on the MAR sheet; this must be recorded at the time of administration. If a dose is not given an appropriate code must be recorded.

16.7 Any changes to the MAR sheet should be carried out by carefully cancelling the old entry and making a new legible entry or requesting a new MAR sheet from the pharmacist, whichever is appropriate. Guidance should be sought from a manager if needed.

16.8 When a MAR sheet is full it should be kept with the young person's file. MAR records should be kept for 15 years in children's services.

16.9 All MAR sheets must include the following:

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

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

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

An example of a MAR sheet is included in **Appendix 6.**

17 MAR SHEETS IN CHILDREN'S RESIDENTIAL SERVICES

17.1 On admission to a children's home, young people and/or their carer should be requested to bring with them all medicines. They should be the ones currently in use, in their original containers, as labelled by a pharmacist. Staff must be satisfied with the general condition of medicines before using. This includes:

- In date
- Original container
- Legible pharmacy label
- Dispensed within the last 6 months (check opening date and expiry date for eye drops/ointments).

17.2 Staff in the service should obtain a current list of medication from parents or the young person's GP and confirm with the manager and/or GP any discrepancies. For young people arriving from hospital, an electronic medicines discharge summary will be provided.

17.3 For young people accessing regular short break care from home this process will be repeated on each admission.

17.4 If, on admission, there are any doubts about what medicines are to be taken the parent, GP or hospital ward should be contacted as soon as possible and the medication reviewed. In the event of an admission out of surgery hours the advice of a pharmacist/prescribing professional can be sought and recorded.

17.5 On admission a record should be completed in respect of each service user detailing:-

- Name

- Date of birth
- Information on known allergies to medicines
- Name of the GP
- Any known allergies

17.6 A photograph of the young person should be obtained and attached to the current MAR sheet and/or the child's personal folder containing their placement support plan.

17.7 The MAR sheet is then used to record all medication administered to a young person **at the time of administration**.

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

18 MAR SHEETS IN DOMICILIARY CARE SERVICE

18.1 A pharmacy printed or handwritten MAR sheet should be obtained for a young person as indicated in the support plan as level 2 or 3

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

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

18.4 For further information and guidance regarding minimum standards and the use of MAR sheets in care homes and domiciliary care please refer to **appendix 8.**

19 SUPPLY OF MEDICATION

19.1 Medicines must only be used for the particular young person for whom they are prescribed.

19.2 Bulk supplies of medicines for the use of more than one service user must not be stored by staff unless covered by the section on Homely Remedies.

20.1 PRESCRIPTIONS

20.1.1 In exceptional circumstances, verbal prescriptions may be requested by a GP/Consultant.

20.1.2 In these cases, the care service should have a procedure to communicate changes clearly. A careful record should be made of:

- Who took the telephone call
- The time of the call
- The name of the person who called
- The change(s) made

20.1.3 It is good practice to:

- Read back the information that has been written down to reduce the chance of misunderstandings
- Spell out the name(s) of the medicine(s)
- Ask the GP/Consultant to repeat the message to another member of staff, if possible
- Request written confirmation as soon as possible by fax, letter or by issue of a new prescription.

20.1.4 The designated officer should record the request in the service user's daily record and MAR sheet. When taking information over the telephone the designated officer should repeat the instructions back to the prescriber, i.e., drug name, strength and dose to ensure clarity. This conversation must be witnessed and the record counter- signed. If possible, this information should be conveyed in writing to confirm the changes, e.g., by fax.

NB: Verbal prescriptions cannot be accepted for controlled drugs.

20.2 Ordering of prescriptions in a residential service

20.2.1 The relevant manager will ensure continuity of supplies of medication as appropriate in the most efficient manner.

20.2.2 Where a young person is looked after full time the manager will assess his/ her medication on a weekly basis to identify any items which have between 7 and 14 days' supply left. Repeat items will be ordered using the prescription request form from the young person's GP. The necessary information will be supplied with the request to enable the prescribing GP to carry out this task safely.

20.2.3 Where a young person uses short break care, the manager will liaise with the parent or guardian to ensure an adequate supply of medication. It remains the parent's responsibility to maintain supplies.

20.3 Young people admitted from hospital

If there is any doubt about the service user's medication, the hospital ward should be contacted, and a copy of the medication record should be requested.

21. RECEIPT OF MEDICATION

21.1 Printed MAR sheets: All medicines received in a residential service should be checked against the MAR sheet to confirm the name of the service user for whom they were prescribed, the drug name, strength and quantity, date of receipt and signature of the receiver.

21.2 Handwritten MAR sheets: All medicines received in a residential service should be recorded on the MAR sheet with the name of the service user for whom they were prescribed, the drug name, strength and quantity, date of receipt and signature of the receiver.

21.3 It is good practice for the procedures described above to be undertaken by two people who have completed the level 2 administration of medication training.

21.4 The label on the container should be checked against the information given on the MAR sheet.

21.5 Labels must not be altered. In the event of a discrepancy advice must be sought immediately from the prescriber or a pharmacist.

21.6 The above procedure should be carried out in a domiciliary care service if the support worker collects the medication from the pharmacy.

22. STORAGE OF MEDICATION

22.1 It is the duty of the relevant manager to ensure that medicines are stored safely in children's home. All medicines (including homely remedies) must be stored in a locked cupboard or medicine trolley. If used, a trolley should be secured to a wall or immovable object when not in use.

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

22.1.3 All keys are the responsibility of the designated officer on duty. Keys for medicine cupboards, trolleys and clinic areas must be kept separately from any other keys and separately from the master key. The number of duplicate keys should be minimised.

22.1.4 Young people in a residential service who are self-medicating should be provided with a lockable cupboard somewhere not readily accessible to other young people.

22.1.5 Staff should advise families receiving a domiciliary care service that medication is stored appropriately according to the individual circumstances.

22.2 Refrigeration

22.2.1 In children's homes medicines that require storage between 2-8 °C need to be stored in a lockable refrigerator. The temperature should be monitored and recorded daily, and the refrigerator defrosted regularly and cleaned no less than weekly. If the fridge temperature is out of the range of 2°C and 8°C then advice must be sought immediately from an appropriate manager

22.2.2 In a child's own home medication needing to be refrigerated should be stored separately from food e.g., in a separate plastic container. The pharmacist label will indicate if an item needs refrigeration

22.2.3 Out of date and discontinued medicines must be removed and disposed of according to the policy.

22.2.4 Medicines for internal and external use must be stored separately within the fridge. Only medicines requiring refrigeration should be stored in the fridge.

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

23. CONTROLLED DRUGS

For detailed information about controlled drugs (such as morphine, pethidine, methadone and Ritalin) see CQC information on Controlled Drugs.

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

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

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

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

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

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

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

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

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

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

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

23.12 Controlled drug registers must be kept for a minimum period of 2 years.

23.13 In children's homes all Controlled Drugs must be stored in a locked metal cabinet which fulfils the requirements of the Misuse of Drugs Act 1971. Unless the resident is keeping and looking after the CDs prescribed and dispensed to themselves. The regulations specify the quality, construction, method of fixing and lock and key for the cupboard 1.e it should be metal, attached securely to the wall or floor and not easily accessible to young people in the home.

23.14 The security of the location also needs careful consideration.

23.15 For safe practice the CD cupboards should only be used for the storage of CDs. Items of value such as jewellery or money should not be placed here.

23.16 Only those with authorised access should hold keys to the CD cupboard.

23.17 If a person in a residential setting is self-administering they can hold their own individually dispensed supply of CDs in their personal lockable cupboard.

23.18 No special cupboards are required in a domiciliary setting.

23.19 Completed registers must be archived according to Bolton Council Records Retention policy.

23.20 Routine checks of all CDs held and the recorded running balances should be carried out by two designated members of staff on a weekly basis and a record kept.

23.21 Where a discrepancy is found it should be reported to the registered manager who should investigate promptly. If the discrepancy cannot be resolved, the advice of the local pharmacist should be sought and the CQC local officer informed.

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

23.23 There are no special requirements for management of controlled drugs in domiciliary care, however if two staff are present they should both witness the administration of a controlled drug and sign the MAR sheet.

24. ADMINISTRATION PROCEDURES

24.1 Support workers should only administer medicines from the original container dispensed and labelled by a pharmacist. This includes monitored dosage systems and compliance aids. Staff must not fill compliance aids themselves.

24.2 Young people with regular prescriptions attending schools where a school nurse is on site will usually have an additional supply at school if the medication is required during the day. In other situations where medication is needed outside the home medication should remain in the original package with the original label. Staff accompanying a child on outings should sign MAR at time of administration

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

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

24.5 Prescribed medication should have clear and concise instructions, which include the maximum dose and how it should be taken. If this is a new prescription for the child, staff should ensure that they have the right information for safe administration. This information should be from the pharmacist, GP or patient information leaflet or parent.

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

24.7 Before administering any medicines, the following preparation should be carried

out: Clean the medicine preparation area as appropriate
Wash hands
Gather equipment:

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

(N.B. Liquid medicines should not be poured out in advance)

The MAR sheet should be checked for the following:

- The child's name.
- The dose has not already been administered.
- Any instructions, noting in particular recent changes.
- What time the medicine is due.
- The pharmacists' label on the medication container corresponds with the instruction on the MAR sheet. If these two differ, then clarify the instructions with the duty

manager.

- Note any special instructions to be followed, e.g., before or after food, chewed or dissolved in water.

24.8 Support worker must also check the medicine has not expired

24.9 In the event that a support worker is unable to administer a medication - for example, the young person is asleep or having a meal - if possible offer again at a later time. If unable to administer document what has occurred in the on-going record in the care plan.

24.10 The support worker must methodically work their way down the MAR sheet, selecting the appropriate medicines and offering them to the young person whilst adhering to the 'six rights'

25. LIQUID MEDICATION

25.1 This should be administered using 'liquid measures' which are available from the pharmacist. These include:

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

26. CREAMS, OINTMENTS AND LOTIONS

26.1 Checks should be made to ensure the correct medicine is being used and those directions and any warnings are understood.

26.2 All support staff should wear disposable gloves.

26.3 Make sure that the skin area is clean, and that any residue of a previous application is no longer present. This may require gentle cleansing of the area.

26.4 The cream, ointment or lotion must be in the original container

26.5 Apply the cream, ointment or lotion, making sure that you take enough to complete the application. If too much is taken, do not try to put some back as this will contaminate the remaining medicine.

26.5 The prescription label should always explain how to apply the medicine, if the label says, "apply as directed", don't apply the medicine without first checking what "as directed "means. Either spread over the surface of the skin or **gently** massage into the affected area until absorbed. Some medicines need to be applied sparingly, i.e., only a very small amount. Again, the pharmacist's label should say if this is the case.

Guidance

- Replace any dressing and/or clothing
- Dispose of gauze, gloves or old dressings.
- Wash hands.
- When a new tube or jar of cream or ointment is opened the date should be recorded and the item disposed of after:
- Jars - one month.
- Tubes - three months.
- Eye, ear and nose preparations - four weeks.
- If there are any queries about how to apply topical medicines, a pharmacist should be consulted.

27. EYE DROPS AND EYE OINTMENTS

- The directions should be read carefully, and this guidance followed:
- Never put two drops into the eye at the same time, or the second drop will run out, it is advisable to allow an interval between eye drops to ensure that the drops are absorbed properly.
- Tilt the service users head back slightly
- Gently pull down the lower lid and allow one drop to fall into the space between the lid and the eye.
- If more than one drop is required in the same eye, wait for one minute before putting in the second drop.
- When drops are prescribed to be put into both eyes, it is good practice to have separate bottles marked left and right to reduce the possibility of cross contamination.
- If the directions on the label do not specify which eye or eyes the drops are to be administered to then the prescriber must be consulted for clarification and documented in the on-going care plan.
- The procedure is similar for eye ointments; allow about 5 mm length of ointment and always apply the ointment from the inner to the outer corner of the eye to prevent cross infection.
- Do not touch the eye with the dropper or applicator.
- Discard the container 28 days after opening.

27.1 If two or more different preparations have been prescribed, they should often not be given at the same time. Check with the pharmacist if the order of giving and the timing are important.

28. NOSE DROPS

Guidance

- Tilt the head well back and allow the correct number of drops to flow down into the nose.
- Keep the head tilted for a minute or so to allow the drops to be absorbed.

29. EAR DROPS

Guidance

- Tilt the head to one side
- Gently pull outer ear (pinna) back and up.
- Drop the required dose into the ear

- Massage the skin just in front of the entrance to the ear canal (bragus) for a few minutes
- Return child's head to upright position.
- Do not put cotton wool into the ear

30. TRANSDERMAL PATCHES

30.1 Although these patches are applied to the skin, they do have a systemic, not a topical effect, i.e., they are absorbed.

30.2 Transdermal patches have limited uses and for children are most likely to be used for control of excessive salivation and analgesia.

30.3 The patches look rather like a sticking plaster, and they are applied in much the same way.

30.4 Make sure that skin is clean, dry and undamaged and apply the patch firmly.

30.5 Vary the site of each new application, preferably non hairy if possible, so that the skin does not get sore from repeated application in the same place.

30.6 it is good practice for a patch chart to be used to show the area of application in addition to the MAR sheet

31. INHALERS

31.1 There are many different types of inhalers available that work in different ways. The manufacturer's instructions should always be referred to. A Patient Information Leaflet (PIL) is supplied with the inhaler and contains the steps for correct use.

32. OXYGEN

32.1 Refer to the Policy and Procedural Document.

33. REFUSAL AND SWALLOWING DIFFICULTIES

33.1 It is an individual's right to refuse medicines. Young people who cannot be persuaded to take their medication must not be coerced to do so. Support workers should record the reason for refusal, with the appropriate code on the MAR chart. If the refusal continues for 24 hours, then the manager of the service, GP or parent should be contacted for further advice.

33.2 Support staff should not routinely crush tablets; particularly if it is a 'long lasting' formulation (Retard, Modified Release, Slow Release etc.) if a child is experiencing difficulty swallowing then the support worker should contact the GP or community pharmacist for further advice. It may be appropriate to change the formulation to a liquid or soluble tablet, if there is one available. If there is no alternative, then a risk assessment should be carried out by an appropriate member of staff stating that the support staff are acting on advice from the GP and it should be recorded in the placement plan.

34. WHEN REQUIRED MEDICATION (PRN)

34.1 'When required medications' (PRN) are those that a doctor has prescribed to be given only when certain conditions or criteria are met. E.g., pain relief.

34.2 'When required medication' must be listed on the MAR sheet with the maximum daily frequency and or the time lapse between any administrations and any special conditions to trigger a review.

34.3 ALL administration of 'when required medication' should be recorded on the MAR sheet.

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

35. HOMELY REMEDIES

35.1 It is recognized that there is a need to be able to treat minor ailments without necessarily consulting with the young person's GP.

35.2 A homely remedy is treatment for mild to moderate symptoms that need immediate relief for example toothache or a cough.

35.3 Any administration of a homely remedy should be recorded on the reverse of the MAR sheet

35.4 Use of a homely remedy should not be extended beyond 48 hours without medical advice being sought.

35.5 **Only** the following homely remedies can be administered, according to the directions on the container.

- An age-appropriate dose of paracetamol can be used to treat mild pain providing the service user is not taking paracetamol in prescription medicines. E.g., Co-Codamol it is always stated on the label if a medicine contains paracetamol. The effect of alcohol and other substances which a young person might have taken may also need to be considered.

- E45 can be used for mild skin conditions.

- Sugar free simple linctus can be used for a simple cough.

35.6 The use of homely remedies and sun screen is subject to consent from the young person or their parent.

36. ALTERNATIVE THERAPIES

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

- Herbal products
- Traditional Chinese medicines.

36.2 The general principles for safe medication apply to all medicines whether they are bought over the counter or prescribed.

36.3 If a relative buys 'over the counter' medicines for another person, they must be encouraged to ask the GP or pharmacist whether they will interact with prescribed medicines. This includes the purchase of supplements such as iron or vitamins.

36.4 Care workers must not offer advice to a young person about over the counter medicines or any complementary therapy

36.5 If a relative requests that a child is given supplements such as vitamins and minerals, they should provide a letter from the prescriber to outline that they do not react adversely with any prescribed medication the child may be taking and/or that the supplements are safe. The relative should also provide written consent and full instructions regarding the administration as they would do so for prescribed medication.

37. ERRORS AND UNTOWARD INCIDENTS

37.1 For the purpose of this policy, a medication error is defined as a mistake made in the prescription, dispensing, ordering, delivery, storage or administration of medication that leads to a service user receiving the wrong medication, unintentionally missing a dose or being at risk of harm. This is regardless of whether harm occurred to the child/young person.

37.1 Incident reporting

37.1.2 If a medication error occurs it should be reported to an appropriate manager and the advice of a GP or pharmacist should be sought immediately.

37.2.2 The recording procedure for the particular service should be followed.

38. DISPOSAL OF MEDICATION

38.1 Medicines should be returned to the pharmacy when any of the following occur:

- A course of treatment has been completed or discontinued.
- The expiry date has been reached.
- Child/Young person leaves residential service
- A young person dies (these medicines should be retained for 7 days before disposal)

38.2 NB: In the event of sudden death medicines should not be disposed of until it is known whether or not an inquest is to be held.

39.1 TRAINING CARE WORKERS TO SAFELY ADMINISTER MEDICATION

39.1.2 In all social care services, all medicines, (except those for self-administration), should be administered by designated and appropriately trained staff.

39.1.3 All support workers should attend training by a registered nurse or any other appropriate healthcare professional.

39.1.4 Care managers must undertake appropriate training to enable them to assess the service users' needs with respect to medicines prior to admission to the service. If the needs of the person change then a reassessment of their needs must be undertaken

39.1.4 Following initial staff training a trained manager should make an onsite assessment of whether the support worker is sufficiently competent in medication administration before allowing them to give medicines and this process must be recorded.

39.1.5 The training for support staff must be accredited and must include:

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

39.1.6 Support workers may, with the consent of the young person or the person with parental responsibility for that young person, administer prescribed medication, so long as this is in accordance with the prescriber's directions (The Medicines Act, 1968). However, when medication is given by invasive techniques, for example insulin injections, support workers will need additional specialist training.

39.1.7 There are three levels of training for support workers.

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

39.1.8 Refresher training at basic level should take place at two yearly intervals and the relevant manager will need to repeat on site assessment of competence after each refresher.

39.2 Level 1: Induction

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

39.3 Level 2: Administering Medication

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

39.3.2 Basic training is necessary for the following:

- Establishing from records which medicines are prescribed for a young person at a specific time in the day.
- Selecting the correct medicine from a labelled container including monitored dosage systems and compliance aids

- Measuring a dose of liquid medicine. Applying a medicated cream/ointment; inserting drops to ears, nose or eye: and administering inhaled medication.
- Recording that a young person has had the medicine or the reason for not administering it.
- What to do if a child refuses medicine that the support worker offers.
- Who to inform if a medication error occurs.
- Who to inform if a child becomes unwell after taking his/her medicines.
- How to dispose of medicines.

39.4 Level 3: Administering Medication by Specialized Techniques

39.4.1 Level 3 relates to those circumstances following an assessment by a healthcare professional, when a support worker is asked to administer medication by a specialist technique including those cited in 5.5 above.

39.4.2 This training will need to be given at intervals as appropriate to maintain competence.

Appendix 1.

Obtaining Consent

Valid consent to the administration of medication requires both capacity and competence:

For a young person to be judged capable they must generally have**:**

- reached 16 years of age
- and have the ability to make treatment decisions on his or her own behalf

For a young person to be judged competent they must be able to:

- Comprehend and retain the treatment information
- Weigh that information in the balance to arrive at a choice

Children - under 16

Young people under 16 can give consent if deemed Fraser (formerly known as Gillick) competent.

In 1985, Mrs Gillick, the mother of a child under 16 years old contested the decision of a doctor to provide contraception to her without informing Mrs Gillick. The case was eventually heard in the House of Lords. The ruling was initially called the Gillick Ruling, but understandably Mrs Gillick has objected to having her name applied to a ruling that she strongly disagreed with. The ruling has subsequently been named after Lord Fraser who ruled on the case.

Fraser Competence

- The Fraser Competence Rule: any child below the age of 16 can give consent when they reach the necessary maturity and intelligence to understand fully the intervention proposed and the consequences (advantages and disadvantages) of their decision.
- If a child is deemed 'Fraser competent' after receiving all appropriate information regarding the intervention, then consent is valid.
- Intelligence and ability to understand will vary greatly for every child and for different types of medical interventions, so the decision of 'Fraser competency' must be carefully considered.
- Doctors should always encourage the child to inform their parents.
- Risks include burdening immature children and relieving parents and professionals of their key responsibilities.

Testing Fraser Competence

- Children under 16 can truly consent to treatment only if they understand its nature, purpose and hazards.
- To be able to consent, the child should also have an understanding and appreciation of the consequences of: (1) the treatment, (2) a failure of the treatment, (3) alternative courses of action and (4) inaction.

Refusal by Competent Child

- If the child is aged between the ages of 16 and 18 or is under 16 but 'Fraser competent' their decline to consent to treatment can be over-ruled.
- Power to over-rule is given to any one parent or person with parental responsibility or to the court.
- When the decision to over-rule is based on the child's best interests.
- In cases where the child's best interests are in disagreement, a court decision may be required.
- Emergency or lifesaving treatment can be given to a child even if the child or a parent objects. Only sufficient treatment to allay the emergency should be given.

Childhood Mental Illness

The issue of a mentally ill child giving consent is complex. In general, according to The Children's Act 1989, the child's wishes should be sought and respected whenever possible.

Internet and Further Reading

- Department of Health – A guide for children and young people
- NHS Direct – consent to treatment
- Children Act 1989 (c.41)

Appendix 2.

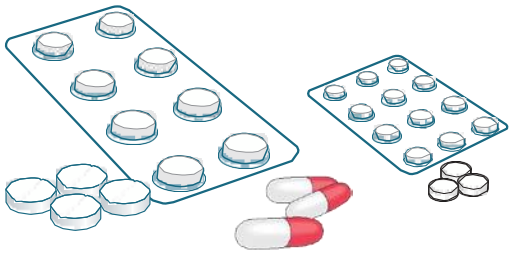
All my medications

My name is _____

This workbook has information about all the medications I am taking or using.

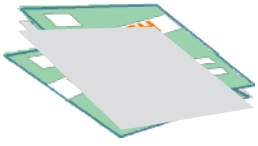
Medication can mean many things —

tablets or pills or capsules



creams or ointments

patches



liquid medicines

injections

How to use this workbook

This workbook is for you to fill in with a list of all the medications that you take.

Filling in this workbook

If you have a **carer** it is important that they know about all your medications too. It is a good idea to fill in this workbook together.

You could keep this workbook in your Health Action Plan. The first thing in this workbook is a place for you to write information about **people to contact** if you want to ask questions about your medications.

Next, there is a **chart** where you can write down the names of every medication that you take.

If you're not sure about any of the information —

There are lots of ways to find out what you need to know. You can talk to your **doctor** or your **pharmacist (chemist)**. You can look at the **Information Sheets** that come with your medications. You can ask someone to support you to do this.

The **Health & Medicines Information Guide** has lots of useful people you can contact. It is available through the internet at

www.askaboutmedicines.org

Who to contact about medications

Who can you contact if you have any questions about your medications?

Who prescribes your medications? Write their contact details in this box.

My medications are prescribed by

Write down any other useful contacts (like a pharmacist or a community nurse) in this box.

Other people I can contact

All my medications

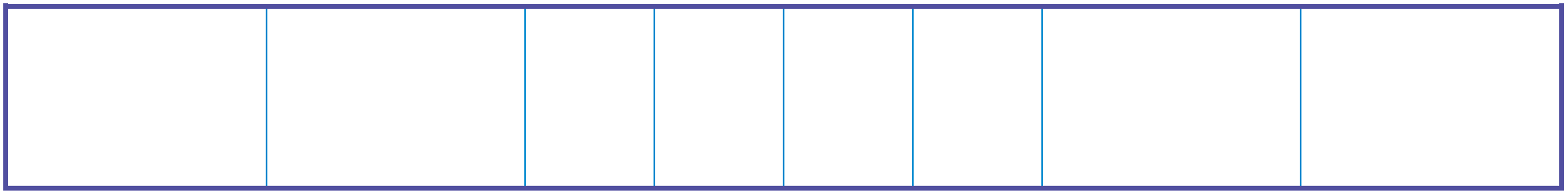
Use this chart to write down information about all the medications that you take. You can carry on writing on the next page.

For each medication, write how much you take and when. You should also say how you need to take it (like with a drink of water, or before food).

Some medications need to be kept in a fridge or away from sunlight. Write down where you keep yours.

Name of the medication	What I call it	How much to take, when 				How to take it 	Where to keep it
		Breakfast	Lunch	Evening meal	Bed time		

Name of the Medication	What I call it	How much to take, when 				How to take it 	Where to keep it
		Breakfast	Lunch	Evening meal	Bed time		



This workbook has been produced by the Medication Matters project. The Medication Matters project was a research project carried out by the Norah Fry Research Centre, University of Bristol, in partnership with Home Farm Trust and Aspects and Milestones Trust between July 2002 and September 2004. It was funded by the Community Fund. You can read more about the research at: www.bris.ac.uk/Depts/NorahFry/medicationmatters

The research team talked to people with learning difficulties that were taking psychotropic medication. This is medication that people are sometimes given to help them with their moods, their thoughts or their behaviour.

We asked people what it was like to be taking psychotropic medication. We also asked people what they knew about their medication and what things they thought other people taking medication should be told.

We also talked to carers and doctors about what information people need to make choices about taking medication.

'**All My Medications**' is a place for people to write a list of all the medications they take. '**My Medication**' is a place for people to write down all the things they need to know about each medication.

Another workbook, '**How to make choices about taking medication**' helps people to think about making decisions about taking medication.

This is the first version of this workbook. It was produced in April 2005. We would like to know what you think of it and whether we can make it better. If you have any comments, please tell us:

Visit our website:

www.medicines-partnership.org/patients-and-public/learning-disability

Telephone: 020 7572 2474

Norah Fry Research Centre

hft Supporting People with Learning Disabilities

Aspects turning life choices into reality

COMMUNITY FUND

mp medicines partnership

With thanks to CHANGE for permission to use some of the images in this booklet. CHANGE telephone: 0113 243 0202; email: changepeople@btinternet.com

Appendix 3.

How to make choices about taking medication

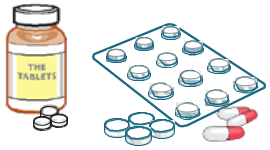
My name is _____

What is this workbook about?

This workbook helps you to think about your medications and the choices you have.

Medication can mean many things —

tablets or pills or capsules



creams or ointments

patches

liquid medicines

injections

When do I use the workbook?

You can use the workbook when you are offered a new medication, or to help you think about a medication that you are already taking.

What does the workbook help me do?

Even if the doctor says he or she thinks you need to take medication, it's up to you. Usually, it's your choice if you take the medication or not. But it can be hard making choices like this.

We hope this workbook will help you think about what information you need to make a choice about taking your medication.

You may find it helpful to fill in this workbook with someone you trust. They can help you find out the things you want to know about taking your medication.

Some people find that by talking to people about their choices it can help them work out what to do.

What's in this workbook?

The workbook is split up into parts or sections.
You don't need to fill it all in at once.

The sections are:

1 About making decisions

Some ideas about how to make choices.

2 About the medication

To help you write down facts — like what the medication is called and what it is for.

3 What would happen if I took the medication?

Thinking about what it would be like if you decide to take the medication.

4 What would happen if I don't take the medication?

Thinking about what it would be like if you decide not to take the medication.

5 What else do I want to know?

Thinking about any other things you might want to know about the medication.

6 Make your mind up time!

Thinking about everything you have found out about the medication, it's up to you to decide what things are most important, then make a choice.

1 About making decisions

Making decisions can be difficult. We learn how to work out what is important to us. We learn to think about what choices we have. Here are two things that can help you make a choice about taking medication —

- You could find out more about the medication
- You could talk it over with someone, to help you make your mind up

Think about the people you want to ask to help you find out about the medication. It might be a doctor, a pharmacist (chemist), a nurse or someone else you know.

Write their names in the box:

Names of people who can help me find out more

Or use this space to put a picture of each of these people:

Think about the people you'd like to talk it over with.

Put their names or pictures on this page.

Names of people I would like to talk to

2 About the medication

These questions are about what the medication is for.

Write the answers in the boxes

What is the name of the medication you take or are thinking of taking?

Put a photo or draw a picture of the medication in this box

What is this medication for?

Who has suggested you take this medication?

3 What would happen if I took the medication?

Write the answers in the boxes

How might this medication help me?

Would I need to take the medication for a long time?

Would I need anyone to support me in taking the medication?

Who would this be?

3. What would happen if I took the medication?

Things I might need to remember about the medication

Write the answers in the boxes

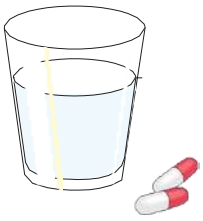
When would I need to take the medication?

How many times each day?

What time would I take it at?

Will I need to take it before or after meals?

How would I need to take the medication?



Is it pills, or something else?

Will I need to take it with a glass of water?

More things I might need to remember about the medication

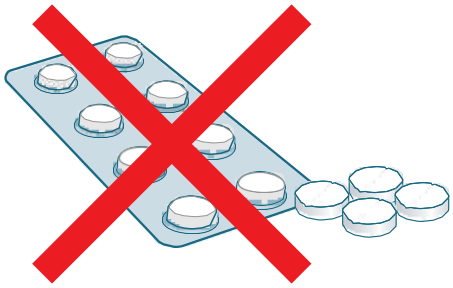
Write the answers in the boxes

Are there are any things I must not do if I take this medication?

...

like not drinking alcohol (like beer or wine) or not getting pregnant

Are there any other medications I must not take if I am taking this medication?



Side effects

Some medications can give you side effects. This is when the medication gives you problems like making you feel sick or dizzy or sleepy or very thirsty.

Write the answers in the boxes

Are there are any side effects that I might get with this medication?

What could I do to help me cope with the side effects?

(This might mean taking more medications)

What would happen if I stopped taking the medication suddenly?

4 What if I decide not to take this medication?

Write the answers in the boxes

How would I feel or what might happen in my body if I didn't take this medication?

Is there another medication I could take instead?

Is there another treatment I could use instead?

5 What else do I want to know?

Are there other things that could help as well?

These could be things like:

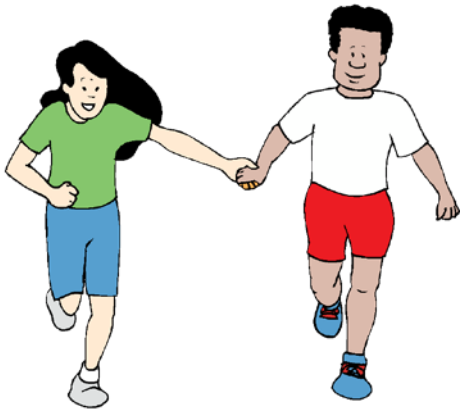
Changing what I eat
Taking more exercise
or relaxing more

Other things that could help

Eat a good diet

Relax!

Take more exercise



There might be lots of other things you want to know about the medication.

Write your questions in the boxes on this page. When you find out answers, write them in the boxes too. You can ask someone to help you do this.

There is space for you to write more questions and answers on the next page.

My question:

What I found out:

My question:

What I found out:

My question:

What I found out:

My question:

What I found out:

My question:

What I found out:

6 Make your mind up time!

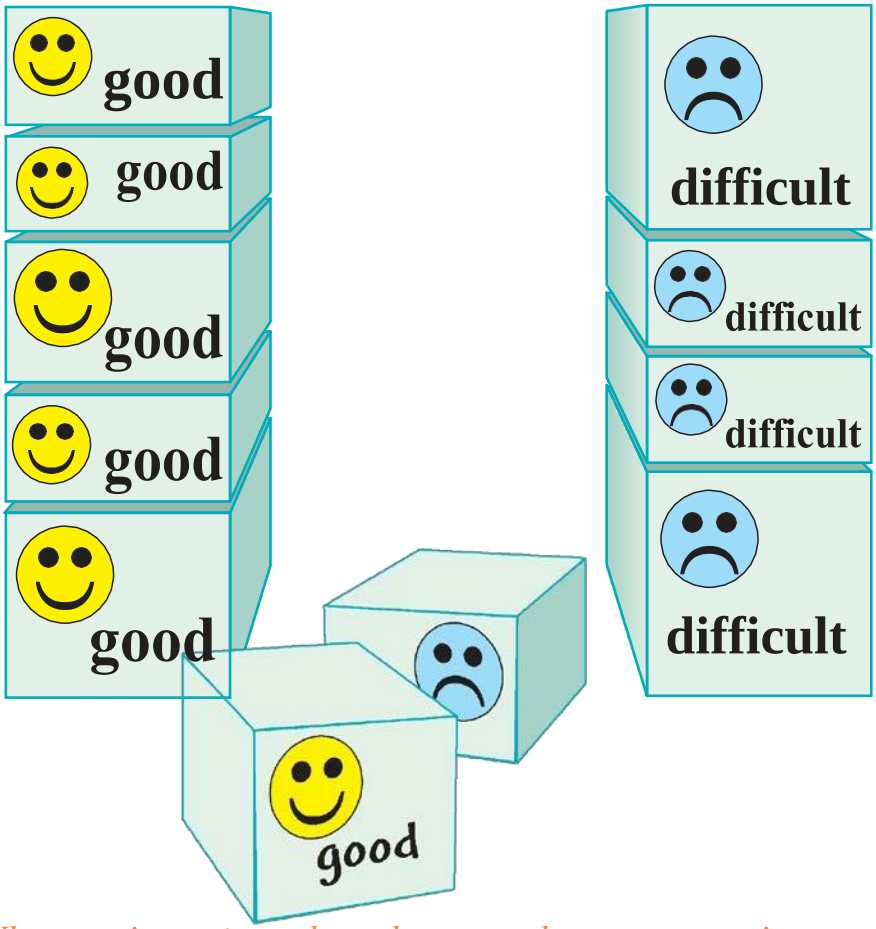
You have found out lots of things about the medication. Now you need to think about these things and decide which things are important to you.

On the next page, write down the important GOOD points and the important DIFFICULT points about taking the medication.

Look back at the things you wrote down earlier in this workbook to help you. You might find it helps to talk these things over with someone you know.

How important to you are the GOOD points about taking the medication?

How important to you are the DIFFICULT points about taking the medication?



When you've written them down, see how many you've got, and how important they are to you.

This will help you make your decision.

Write down the good and difficult points in these blocks

good point

difficult point

good point

difficult point

good point

difficult point

good point

difficult point

good point

difficult point

This is my decision:

My decision —

This is why I made this choice:

The people who helped me make this choice are:

Who do you need to tell about your decision?

Write down all the people you might want to tell.

Put a tick in the box by their name when you have told them.

☐

☐

☐

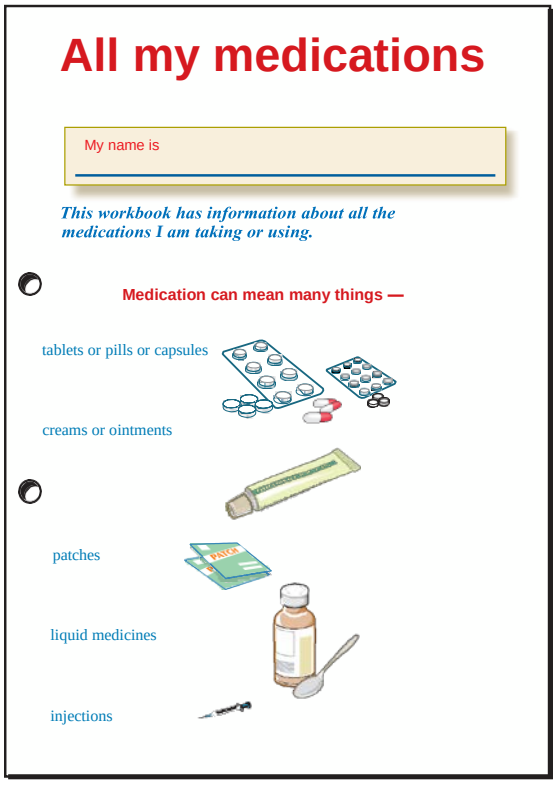
☐

☐

☐

Other workbooks

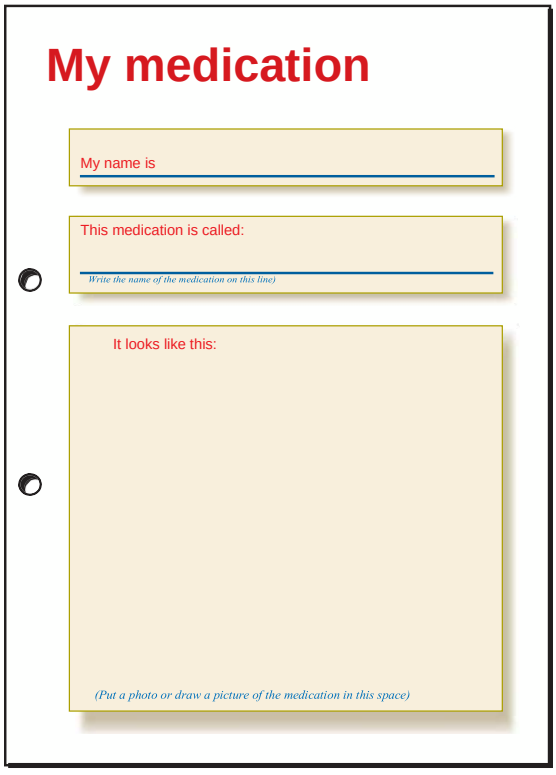
We have made two other workbooks to help you —



One workbook is called '**All My Medications**'.

It is a good place for you to write a list of all the medications you take or use.

You can also write information about people to contact if you have any questions about medications.



The other workbook is called '**My Medication**'.

You can use one copy of this workbook for each medication you take or use. It is a good place to write down important information about your medication.

Reviewing your medication

Once you start taking a medication, it is important to have a regular review. A review is a chance for you and your doctor to check that the medication is working well for you. Or you might have a review with a nurse or pharmacist.

The workbook called '**My Medication**' is a good place to write down what happened at reviews.

This workbook has been produced by the Medication Matters project. The Medication Matters project was a research project carried out by the Norah Fry Research Centre, University of Bristol, in partnership with Home Farm Trust and Aspects and Milestones Trust between July 2002 and September 2004. It was funded by the Community Fund. You can read more about the research at:

www.bris.ac.uk/Depts/NorahFry/medicationmatters

The research team talked to people with learning difficulties who were taking psychotropic medication. This is medication that people are sometimes given to help them with their moods, their thoughts or their behaviour. We asked people what it was like to be taking psychotropic medication. We also asked people what they knew about their medication and what things they thought other people taking medication should be told. We also talked to carers and doctors about what information people need to help them make choices about taking medication.

Because of what people told us we have made this workbook. This workbook is to help people who are taking medication think about their choices. We have also made workbooks called '**All My Medications**' and '**My Medication**'. These are places for people to write all the things they need to know about any medication that they take.

This is the first version of this workbook. It was produced in April 2005. We would like to know what you think of it and whether we can make it better. If you have any comments, please tell us.

Visit the Medicines Partnership website:

www.medicines-partnership.org/patients-and-public/learning-disability

Telephone: **020 7572 2474**

Norah Fry Research Centre

hft Supporting People with Learning Disabilities

Aspects turning life choices into reality

COMMUNITY FUND

mp medicines partnership

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Appendix 4

My Medication

My name is _____

This medication is called:

_____

(Write the name of the medication on this line)

It looks like this:

(Put a photo or draw a picture of the medication in this space)

How to use this workbook

This workbook is for you to fill in with the things you need to know about the medication that you take.

Filling in this workbook

If you have a **carer** it is important that they know about your medication too. It is a good idea to fill in this workbook together.

You can fill in a workbook for each of the medications that you take every day. You can keep all the workbooks together in a folder or file, or in your Health Action Plan.

If you're not sure about any of the information —

There are lots of ways to find out what you need to know. You can talk to your **doctor** or your **pharmacist (chemist)**. You can look at the **Information Sheet** that comes with your medication. You can ask someone to support you to do this.

The **Health & Medicines Information Guide** has lots of useful people you can contact. It is available through the internet at

www.askaboutmedicines.org

Who to contact about this medication

Who can you contact if you have any questions about your medication?

Who prescribes this medication for you? Write their contact details in this box.

My medication is prescribed by

Write down any other useful contacts (like a pharmacist or a community nurse) in this box

Other people I can contact

Why I take

(the name of the medication)

Write the answers in the boxes

What do you take this medication for?

How does the medication help you?

Will you need to take this medication for a long time?

What would happen if you stopped taking this medication suddenly?

Problems I might have with _____

(th(th name of the medication)

Medications can sometimes give you side effects.

This is when the medication gives you problems such as making you feel dizzy or sick or very sleepy.

Write the answers in the boxes

Do you know what side affects you might get with this medication?

_____

_____

_____

_____

_____

_____

Some side effects go away on their own, others are more serious.

Which side effects do you need to tell the doctor about?

_____

_____

_____

_____

_____

_____

Do you think you have had any **side effects** from taking this medication? On this page, write down any problems that you have had and what has been done to help you with them.

I may have had this side effect ...

This is what helped ...

I may have had this side effect ...

This is what helped ...

I may have had this side effect ...

This is what helped ...

How _____ Might affect my life

(the name of the medication)

Write the answers in the boxes

Are there any things that you must NOT do when you are taking this medication — like not drinking alcohol, or not getting pregnant?

Do you need to have **blood tests** while you are taking this medication?

Why do you need these tests?

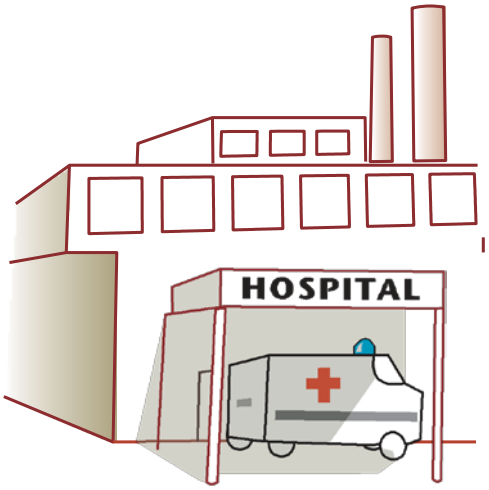
How often are the tests done and where?

How else _____ might affect my life

(the name of the medication)

Write the answers in the boxes

Do you need to go to appointments in hospital sometimes?



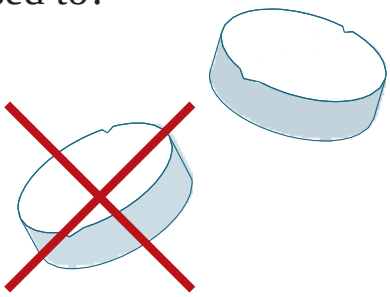
Are there any other ways that taking this medication affects your life?

What to do if I take too much or too little

(the name of the medication)

Write the answers in the boxes

What should you or your carer do if you take more of this medication than you are supposed to?



What should you or your carer do if you forget to take your medication?

What if my _____ runs out?

(the name of the medication)

Write the answers in the boxes

What should you or your carer do if the medication runs out?

Reviews

When you take medication, you need to make sure you have regular reviews. A review is a chance for you and your doctor to check that the medication is working well for you. Or you might have a review with a nurse or pharmacist.

Use the space on this page to write down what you want talk about at your next medication review.

Things I want to talk or ask about at my next review

Use the space on this page to write down what you talked about at your medication review, and what happened at the review.

Date of the review:

Name of the person I saw:

What is his or her job?
(Such as Doctor, Nurse, Pharmacist)

Who else was there?

Things we talked about at the review:

Carry on writing on the next page

More things we talked about at the review:

Things we agreed:

When will the medication be reviewed again?

This workbook has been produced by the Medication Matters project. The Medication Matters project was a research project carried out by the Norah Fry Research Centre, University of Bristol, in partnership with Home Farm Trust and Aspects and Milestones Trust between July 2002 and September 2004. It was funded by the Community Fund. You can read more about the research at:

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We asked people what it was like to be taking psychotropic medication. We also asked people what they knew about their medication and what things they thought other people taking medication should be told.

We also talked to carers and doctors about what information people need to make choices about taking medication.

'**My Medication**' is a place for people to write down all the things they need to know about each medication they take. Another workbook called '**All My Medications**' is a place for people to write a list of all the medications they take.

Another workbook, '**How to make choices about taking medication**' helps people to think about making decisions about taking medication.

This is the first version of this workbook. It was produced in April 2005. We would like to know what you think of it and whether we can make it better. If you have any comments, please tell us.

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MEDICATION ADMINISTRATION RECORD

Appendix 6

Name		**D.O.B**	
Address		**ALLERGIES**	
GP		**START DATE**	**END DATE**

	Commencing	WEEK 1							WEEK 2						
	Time / Date	**M**	**T**	**W**	**T**	**F**	**S**	**S**	**M**	**T**	**W**	**T**	**F**	**S**	**S**
MEDICATION PROFILE															

Sign	**Route**		**Date received.**	**QUANTITY**	**BY**	**Date returned**	**QUANTITY**	**BY**
	Commenced							

		M	**T**	**W**	**T**	**F**	**S**	**S**	**M**	**T**	**W**	**T**	**F**	**S**	**S**

Sign	**Route**		**Date received.**	**QUANTITY**	**BY**	**Date returned**	**QUANTITY**	**BY**
	Commenced							

		M	**T**	**W**	**T**	**F**	**S**	**S**	**M**	**T**	**W**	**T**	**F**	**S**	**S**

Sign	**Route**		**Date received.**	**QUANTITY**	**BY**	**Date returned**	**QUANTITY**	**BY**
	Commenced							

		M	**T**	**W**	**T**	**F**	**S**	**S**	**M**	**T**	**W**	**T**	**F**	**S**	**S**

Sign	Route		Date received.	QUANTITY BY	Date returned	QUANTITY	BY
	Commenced						

A = refused B = nausea or vomiting C= hospitalised D = social leave (Avondale/Trackside) E = Refused and destroyed O = Oral R = Rectal T = Tube feed

HOMELY REMEDIES Please note these are the ONLY non-prescription remedies that may be given. A GP letter is required for any other non-prescription remedies

Child Paracetamol /Calpol
E45 Cream
Sugar Free Simple Linctus

Only to be administered 48 hours before contacting service user's G.P.

Date	Time	Initials	Medication	Dose	Reason

Appendix 7

Professional advice

The administration of medicines in domiciliary care

Purpose of this document

1. This document gives CQC inspectors a guide to good practice in how medication should be administered in domiciliary care. It covers:

    - what the regulations and national minimum standards say
    - the three different levels of care that workers might give
    - the difference between assisting someone with medicines and administering medicines to them
    - the different rules for adults and children
    - what sort of training the workers should have
    - what sort of policies and procedures the agency should have
    - what an inspector should look for

    This guidance relates to registered domiciliary care agencies only. And does not apply to domiciliary care purchased from an unregistered source by individuals using direct payments.

2. This guidance should be considered together with local policies from Social Service Departments and Primary Care Trusts (PCT) when available to care providers and national guidance.

What do the regulations and national minimum standards say?

3. Regulation 14 of the Domiciliary Care Agencies Regulations 2002 require the registered person to:

- Assess how much help a person will need to take prescribed medication and provide care workers with written procedures for the administration of medication (14(6)(b))
- Make arrangements for the safe handling of medicines in the course of providing personal care to people (14(7))
- Provide domiciliary care workers with training to ensure safe systems of working and to prevent harm (14(8), (9))
- prepare a written plan that meets the needs of the person; and is subject to review (14(2), (3), (4))

4. Standard 10 (National Minimum Standards for Domiciliary Care Agencies) states:

"The agency's policy and procedures on medication and health related activities protect service users and assist them to maintain responsibility for their own medication and to remain in their own home, even if they are unable to administer their medication themselves".

What is the difference between assisting someone to take their medicines and administering medicines to them?

5. The following descriptions define what assisting with medicines means and what administering medicines means:

- When a care worker assists someone with their medicine, the person must indicate to the care worker what actions they are to take on each occasion.

- If the person is not able to do this or if the care worker gives any medicines without being requested (by the person) to do so, this activity must be interpreted as administering medicine.

General rules for adult service users

6. Adults supported in their own homes by a domiciliary care agency will normally be responsible for their own medicines, both prescribed and non-prescribed. Some are able to fully administer their own medicines; others will require varying levels of support. In some cases, the level of support for medication will be substantial.

7. Care workers may administer prescribed medication (including controlled drugs) to another person with their consent, so long as this is in accordance with the prescriber's directions (The Medicines Act 1968). This is called 'administering medication'. However, when medication is given by invasive techniques, care workers will need additional specialist training (see below).

8. Care workers should not offer advice to a people about over-the-counter medication or complementary treatments.

9. The agency is responsible for agreeing the level of support required and ensuring that the appropriate record keeping, and training needs are met. The person's plan will require review as needs change.

10. Where multiple agencies are contracted to provide services, there needs to be agreement about which agency holds the responsibility for support with medication.

Level 1: General Support also called Assisting with Medicine

11. General support is given when the person takes responsibility for their own medication and particularly when they contract the support through Direct Payments. In these circumstances the care worker 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/dispensing GP surgery
    - disposing of unwanted medicines safely by return to the supplying pharmacy/dispensing GP practice (when requested by the person)
    - an occasional reminder or prompt from the care worker to an adult to take their medicines. (A persistent need for reminders may indicate that a person does not have the ability to take responsibility for their own medicines and should prompt 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 worker has not been required to select the medication.

12. General support needs should be identified at the care assessment stage and recorded in the person's plan. Ongoing records will also be required in the continuation notes when care needs are reviewed (Reg.14, Sch.4 (4)).

13. Adults can retain independence by using compliance aids. These should be considered if packs and bottles are difficult to open or if the person has difficulty remembering whether he or she has taken medicines.

14. The compliance aid will normally be filled and labelled by the community pharmacist or dispensing GP. The person may qualify for a free service from a community pharmacist if they meet criteria under the Disability Discrimination Act. If a pharmacist or dispensing GP does not fill the compliance aid, the agency should clarify that the arrangements are suitable and minimise the potential for error.

Level 2: Administering Medication

15. The assessment by the agency may identify that the person is unable to take responsibility for their medicines. This may be due to impaired cognitive awareness but can also result from a physical disability.

16. The need for medication to be administered by agency staff should be identified at the care assessment stage and recorded in the person's plan. Ongoing records will also be required in the continuation notes (Reg.14, Sch.4 (4)).

17 The person must agree to have the care worker administer medication and consent should be documented in the person's plan. If an adult is unable to communicate informed consent, the prescriber must indicate formally that the treatment is in the best interest of the individual. (Reference Department of Health document 'seeking consent: working with people with learning difficulties').

18 Administration of medication may include some or all of the following:

- When the care worker selects and prepares medicines for immediate administration, including selection from a monitored dosage system or compliance aid
- When the care worker selects and measures a dose of liquid medication for the person to take
- When the care worker applies a medicated cream/ointment; inserts drops to ear, nose or eye; and administers inhaled medication
- When the care worker puts out medication for the person to take themselves at a later (prescribed) time to enable their independence

19. The agency should have a system in place to ensure that only competent and confident staff are assigned to people who require help with their medicines. The agency's procedures should enable care workers to refuse to administer medication if they have not received suitable training and do not feel competent to do so.

20 Domiciliary care workers should only administer medication from the original container, dispensed and labelled by a pharmacist or dispensing GP. This includes monitored dosage systems and compliance aids.

21. People discharged from hospital may have medication that differs from those retained in the home prior to admission. The agency should provide additional support to care workers when this occurs.

Level 3: Administering medication by specialised techniques.

22 In exceptional circumstances and following an assessment by a healthcare professional, a domiciliary care worker may be asked to administer medication by a specialist technique including:

- Rectal administration, e.g., suppositories, diazepam (for epileptic seizure)
- Insulin by injection
- Administration through a Percutaneous Endoscopic Gastrostomy (PEG)

If the task is to be delegated to the domiciliary care worker, the healthcare professional must train the care worker and be satisfied they are competent to carry out the task.

23 The agency's procedures must include that care workers can refuse to assist with the administration of medication by specialist techniques if they do not feel competent to do so.

Child service user

24. When children are supported by a care agency, parents or guardians will normally assume responsibility for the child's medication.

25. The domiciliary care worker may provide 'general support' to the parent or guardian as outlined for adult service users. This may occur as a result of a request from the parent or guardian but also includes situations when the care worker reminds or prompts the parent or guardian to give medication to a child.

26. In some rare cases the parent or guardian cannot administer medication to the child and the assessment should identify that a care worker takes responsibility for this task. The young person must agree to have the medication and this consent should be documented in the service user plan. Children can give consent themselves providing they are Gillick competent, or the parent or guardian can consent if they are not. (Reference British Medical Association document 'Consent, rights and choice in treatment for children and young people').

27. In all other aspects, the advice set out for adult service users also applies to children.

Checkpoints for CQC Inspectors

Training for care workers in domiciliary care

28. Training requirements for domiciliary care staff must be at least to the same standard as for care workers in a care home because people in a domiciliary care setting are more vulnerable than those in a care home.

29. When a person's needs mean the care worker must administer medicines, training in safe handling of medicines is important. The domiciliary care agency should provide a training package that will meet both the needs of care workers and service users. The essential elements of this training should be:

- How to prepare the correct dose of medication for ingestion or application
- How to administer medication that is not given by invasive techniques, including tablets, capsules and liquid medicines given by mouth; ear, eye and nasal drops; inhalers; and external applications
- The responsibility of the care worker to ensure that medicines are only administered to the person for whom they were prescribed, given in the right (prescribed) dose, at the right time by the right method/route
- Checking that the medication 'use by' date has not expired
- Checking that the person has not already been given the medication by anyone else, including a relative or care worker from another agency
- Recognising and reporting possible side effects
- Reporting refusals and medication errors
- How a care worker should administer medicines prescribed 'as required', for example, pain killers, laxatives
- What care workers should do when people request non-prescribed medicines
- Understanding the service provider's policy for record keeping

30. The agency is responsible for evidence that the trainer is appropriate, is knowledgeable in the subject and has relevant, current experience of handling medicines.

31. The agency must establish a formal means to assess whether the care worker is sufficiently competent in medication administration before being assigned the task.

32. Care providers may be assisted to identify suitable training organisations by the regional office of Skills for Care. Support should also be available from the local Social Services Authority and/or PCT and national organisations such as UKHCA.

Policy and Procedures

33. The domiciliary care agency must have a clear, comprehensive written medication policy and procedure to support the care worker that includes:

- When the care worker may prompt medication or administer medication
- The limitations of assistance with prescribed and non-prescribed medication and which healthcare tasks the care worker may not undertake without specialist training
- Detailed procedures for safe handling of medication, including requesting repeat prescriptions; collecting prescriptions and dispensed medication; procedure for administration, including action should the person refuse the medication; records of medication procurement, administration and disposal (return); procedure for removal of unwanted medication; procedure to deal with a medication error

34. The domiciliary care agency, through the person's assessment, should determine and document the following in the person's plan:

- The nature and extent of help that the person needs
- A current list of prescribed medicines for the person, including the dose and frequency of administration; method of assistance; and arrangements about the filling of compliance aids if these are used
- Details of arrangements for medication storage in the person's home and access by the person, relatives or friends
- A statement of the person's consent to care worker support with medication or relevant consent to administer medication to children

Appendix 8

Professional advice

Medicine administration records (MAR) in care homes and domiciliary care

Purpose of this document

1. This document gives CQC inspectors a guide to good practice in how the administration of medication by care workers should be recorded. The guidance applies to care homes and domiciliary care. It covers:

2.

- what the regulations and national minimum standards say
- why a MAR chart is so important
- who can write on MAR charts
- the pros and cons of printed charts
- what an inspector should look for.

This guidance will not apply when a person uses direct payments to commission services from a provider who does not need to be registered.

What do the regulations and national minimum standards say?

2. Regulation 17(1)(a) of the Care Home Regulations 2001 and Schedule 3(3)(i) require the registered person to keep 'a record of all medicines kept in the care home for the service user; and the date on which they were administered to the service user'.

The national minimum standard for all care homes is that the records detail for each person:

- what is received
- what is currently prescribed (including those self-administering medicines)
- what is given by care workers
- what is disposed of.

3. Regulation 19 (1), 19(2) of the Domiciliary Care Agencies Regulations 2002 and Schedule 4(4) require the registered person to keep 'a detailed record of the personal care provided to the service user'. These records must be available for inspection and also kept at the person's home, which therefore requires a dual recording system.

4. The national minimum standards for domiciliary care agencies requires recording the following activities:

- collection of prescriptions from the GP surgery
- collection of dispensed medicines from a chemist or dispensing GP
- observation of the person taking medication and any assistance given, including dosage and time of medication (10.7). This is a record of administration, no different from the records that a care home must keep.

Why is the MAR chart so important?

5. Care workers who give medicines must have a chart that details:

- which medicines are prescribed for the person
- when they must be given
- what the dose is
- any special information, such as giving the medicines with food.

This information is included in the NHS prescription that the pharmacist or dispensing GP keeps when the medicine is dispensed. The care provider must have a record of medicines currently prescribed for that person. These should be signed when they are given as individual doses or full packs if the person self-administers.

6. It is also important to keep a record when prescribed medicine has not been given. Differing letter 'codes' are used to record when medicines have not been given. The MAR must explain what the codes mean.

7. The information on the MAR will be supplemented by the person's care plan. The care plan will include personal preferences, including ethnic issues such as should the care worker who gives the medicines be the same sex as the person.

8. The MAR can be a very useful tool for the care provider to use to keep track of medicines that are not ordered every month but only taken occasionally. The provider may use the MAR to record tablets carried over onto a new chart.

9. The MAR can be used to record when non-prescribed medicines are given, for example a homely remedy.

10. Administration of controlled drugs should be recorded on the person's MAR chart as well as the record in the controlled drug (CD) register.

11. Responsibility for providing MAR charts rests with the care provider. The pharmacist or dispensing GP are not responsible.

Can the care provider ask the GP to sign the MAR charts?

12. A GP does not have to sign any documents produced by a care provider for medicine administration. The NHS contract for general medical services (GMS) does not require this. There are exceptions when a care provider has a private contract with a GP for medical services that exceed GMS.

13. There are some occasions when it would be appropriate to ask the GP to sign the MAR chart, for example when the doctor visits and changes the dose of a prescribed medicine.

Do care providers have to use printed MAR charts?

14. Poor records are a potential cause of preventable drug errors. Printed MAR charts are not essential, but they are better than handwritten charts. This is because there is less risk of error due to:

- clerical error - incorrectly transcribing the details from another document
- handwriting that is difficult to read and can be misunderstood.

The change of insulin dose for a resident was communicated verbally to staff and then hand written onto the MAR. The instruction was to give 4 units of insulin at night. The nurse who took the message wrote '4 i.u.' on the chart (i.u. is an abbreviation for international units). But another nurse misread the dose and gave 41 units of insulin.

But if a handwritten MAR is the only available option, there must be a robust system to check that the MAR is correct before it is used.

Printed MAR charts are usually supplied from the pharmacy or dispensing GP practice when medicines are packaged in monitored dosage systems such as Manrex, Venalink and Nomad. This is a complimentary service that the supplier is paying for. Care providers cannot insist on having printed charts.

Are there known problems associated with printed MAR charts?

15. Yes, there are problems that the care provider needs to be alert to:

- The chart is correct at the time it is printed and supplied. But the dose of a medicine may change at some point. When this happens, the care provider must keep the chart up to date.
- New prescriptions can be issued at any time in the monthly cycle. This may result in the person having several MAR charts in a file, and some may start on different dates.
- Medicines that are prescribed for 'as required' use may not be needed every month. If the MAR only has a list of medicines that have been requested and prescribed that month, it may not list the 'as required' medicines previously supplied for that person.
- The MAR should be supplemented by information that clearly describes the circumstances when 'as required' medicine may safely be given.

- The MAR may include a medicine that has not been supplied. The care provider must check whether the prescriber has stopped the medicine and if so cross it off the chart, date and sign. If the treatment is to continue, the care provider must check why there is no supply.

Can anyone write on the printed MAR?

16. Anyone can change the MAR chart. But the care provider should have a system to check the source and accuracy of the changes. A cross reference to the daily notes is recommended.

17. When a resident's medication is altered, care staff are responsible for amending the MAR:

- cancel the original direction
- write the new directions legibly and in ink on a new line of the MAR
- write the name of the doctor or other prescriber who gave the new instructions
- date the entry and sign (including a witness when this is possible).

18. If the GP issues a new written prescription, there should be a new MAR. But a new prescription is not always necessary.

Mr Brown has been taking 2 furosemide tablets (40mg) each morning. At the medication review the GP decides that this can be reduced to one tablet each morning. Mr Brown has a good supply of furosemide 40mg. If he lives in his own home with support from a domiciliary care agency, the doctor will not write a new prescription. The doctor will record the change at the surgery so that when Mr Brown asks for a repeat prescription the new dose will be prescribed. The same applies if Mr Brown is a care home resident. If however, the care provider insists on a new prescription for Mr Brown, the previous supply must be destroyed, and this is a waste of NHS resources.

19. MAR charts used in care homes and domiciliary care look similar to 'prescription' charts used in hospitals, but they are not equivalent to the prescription chart. The MAR is only a record of what care workers administer to people who use care services and belongs to the care provider. It is not a chart for prescribing medicines.

What are the unique problems for Domiciliary Care?

20. Because the agency may not be responsible for organising repeat supplies of medicines or setting up appointments with the GP, the agency may find it difficult to keep up to date with changes. Where the local authority commissions the domiciliary care, it is recommended that guidance is developed in conjunction with the NHS primary care trust's pharmacy adviser.

21. A domiciliary care agency provides care to a range of people who do not necessarily get their prescribed medicines from the same pharmacy. A pharmacist may be unwilling to issue MAR charts for individuals, and especially when the medicines are not in a monitored dosage or compliance system. There are some exceptions where local arrangements exist between the local authority commissioning care and the NHS primary care trust(s).

22. There are situations where more than one agency provides a service to the same person. The agencies must agree how medication will be recorded on the record that is kept in the person's own home. And this arrangement must be included in the care plan.

23. All agency care workers must keep a record of the medicines they give, including the dose that is dated and signed to meet the regulatory requirements.

Checkpoints for CQC Inspectors

24. MAR charts form an essential element in determining whether people who use social care have been given medicines as the prescriber instructed. Important questions to follow up include:

- Is the person's name clearly identified?
- Is the print or handwriting legible and in ink?
- Are handwritten entries cross-referenced to daily notes?
- Does the chart show the date including the year?
- Does the chart look 'used', an indication that it was completed at each medication administration?
- Are there gaps in the records? If so, do these need to be investigated further.
- Can the reader identify exactly what has been given on specified dates, for example when the dose is one or two tablets?
- Is there sufficient information to enable care workers to give 'as required' medicine safely?
- Is there a guide to the codes used to explain why medicine has not been given?
- Can you confirm that the records are valid, for example by checking whether the number of signatures recorded for the administration of an antibiotic such as amoxicillin are consistent with the quantity supplied.
- In care homes, can you cross reference records for controlled drugs in both MAR chart and CD register.

25. MAR may include details of medicine receipt and disposal but if not, these records must be kept in another format. Taken together, these records should enable an inspector to account for every medicine brought into a care home